

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 14, 1987

a Benn publication

Last minute  
call for contract

PSNC and PGC  
unveil April 1  
remuneration

JIC rates up  
4.5pc for '87-'88

Pregnancy  
testing: Council  
Statement

PSGB co-ordinates  
AIDS approach:  
IBA lifts ban  
on condom ads

IPMI looks at  
challenges to  
pharmacy

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## COMMENT



"The NHS is safe with us" is one political slogan the Conservatives would probably rather forget. It cannot, by any stretch of the imagination, be applied to prescription charges. Since the Tories swept to power in 1979, when the cost per item stood at 20p, charges have increased nine times, by 1,100 per cent, to reach the present level, from April 1, of £2.40.

The rise traditionally brings cries of horror from the Opposition, and more justifiable complaints from pharmaceutical and medical bodies. The current 9 per cent rise — well above the rate of inflation — anticipates the rise in drug costs during the year, it is understood. Joe Pharmacist objects to this tax on the sick because he is seen as pocketing the money himself, rather than being the Government's unpaid tax collector. Besides which there is the invidious distinction of separating the sick into pensioners and children, and those who can allegedly afford to pay.

It has always been recog-



nised that the prescription charge, for the 25 per cent who pay it, does not cover the average cost of the prescribed medicine, which currently stands at £4.88. This might be true — for the average script — but figures from PSNC's Prescription Research Bureau show that of the 80 million items paid for every year, 32 per cent (or 25.6 million) are for items costing less than £2.40. And because a GP is forbidden to prescribe privately for NHS patients, they may have no alternative but to pay over the odds for a medicine.

The PSNC has also managed to highlight that more and more multiple scripts are appearing

with "ND" against one item. This takes the idea of self-medication one step further than that promoted by the pharmacist, and into a possibly dangerous area. Are pharmacists going to be asked to advise patients on which prescribed item to recommend? After all, it is difficult to make patients pay and it is equally unreasonable to be expected to provide the medicine on a charity basis. All this leaves aside the more mercenary, but no less important concern, that every rise in charges encourages more GPs to write scripts for longer periods of treatment, and takes money out of the pharmacist's pocket.

The time has arrived when the hullabaloo over charges must not be allowed to die down. The charge is becoming unreasonably greater than the actual cost in a sufficient number of cases, and divisively high for those who have to pay for it. An alternative method of offsetting drug costs must be found. Ideally it should be less discriminatory, and remove the re-requirement for a till at the dispensary.



# Fee scale looks good for small contractors

**The small contractor comes out well in the new remuneration package negotiated with the Department of Health. The package was expected to be approved by the Pharmaceutical Services Negotiating Committee at its monthly meeting on Wednesday.**

Professional fees will be paid as follows from April 1: 130p for the first 1,400 script items a month; 48p for the next 850, and 67p per item thereafter. On-cost is reduced to a flat rate of 5 per cent and the basic practice allowance is discontinued.

The Essential Small Pharmacy Scheme is enhanced to give top up payments to a level equivalent to 16,000 items a year for those pharmacies eligible. Those currently included under the special consideration clause will continue to receive payments.

The container allowance will remain at 3.8p. Although container costs have gone up with the increased use of original packs, useage has gone down, an inquiry has shown.

An additional fee of 30p for solid dose scripts with over 30 days prescribed treatment will be introduced from September 1. Additional fees will be paid on top of the basic professional fee for

specially prepared items. Ointments, creams and pastes will attract an additional fee of 173p, pills and capsules 173p, aseptically prepared unit dose forms 914p, non-unit dosage forms 596p, Controlled Drugs 52p, dilutions 52p etc.

Urgent fees, oxygen and rota payments all rise by around 5 per cent. The pre-registration training grant goes up to £2,300. The mileage allowance also increases by 5 per cent.

The PSNC and the Department have at last agreed the remit for the Pharmacy Review Panel to consider profit formula. The Panel is to "consider an appropriate formula for determination of profit payable to retail pharmacies and to make recommendations, including a date on which payments should be applied."

The DHSS has put forward a date of January '86, but PSNC says it will abide by the date suggested by the Panel.

year were having only part of their prescription filled and were asking pharmacists to decide which was the least important item for their condition. He also referred to the waste of doctors prescribing for longer periods — 16.5 per cent of scripts are now for supplies of 30 days or more, and the percentage has doubled in the last two years.

More than 25 million scripts — 32 per cent of the 80 million that are paid for every year — now cost less than the new £2.40 script charge, yet because the items are available only on prescription the patient has no choice but to pay.

The DHSS says the average cost of a prescription in the next year is expected to be £5.55, so the £2.40 fee covers just 43 per cent of the cost.

Labour MPs are stepping up their attack on the Government's decision to increase prescription charges.

Led by Ann Clwyd, over 30 MPs have tabled a Parliamentary motion recalling the Prime Minister's 1979 pre-election promise that the Conservative party had no intention of increasing prescription charges. The motion notes that the recent increase is the ninth since 1979.

## DHSS meets deadline . . . just

**The new contract Regulations were laid on Wednesday — the last day they could be laid if the contract is to come into effect on April 1.**

Two last minute changes are incorporated: a Rural Dispensing Committee proposal that it should vet applications before they are passed to a pharmacy practice subcommittee has been adopted. To counterbalance this there has been a change in the rules on "minor relocation".

This will allow a pharmacist who has received outline consent from the RDC, but whose premises "disappear" before the application can be heard by the PPSC, to look elsewhere locally. Although the pharmacist is not yet providing a service he or she will be able to go through the minor relocation routine.

An advantage of allowing the RDC to consider an application first is that it could prevent a local medical practice, on hearing of a PPSC application, jumping in with a rurality application and "freezing" the area for five years. A disadvantage is that an application will not come to the RDC as "necessary and desirable" as it would do if approved by the PPSC.

Since compensation from the DHSS will only be available to contractors dispensing below 16,000 scripts a year from 1985-1987, PSNC is expected to approve a voluntary levy to provide compensation for those who may find themselves disadvantaged due to a recent opening in the next financial year.

## In the news . . .

**Pharmacists' opposition to the rise in script charges was widely reported in the Press last week.**

Writing in the *London Daily News*, community pharmacist Jerry Shulman says the principle of charging the sick to pay for other people's treatment is not only immoral, it is bad management of the nation's budget. He believes the NHS should be funded from income tax, not from the pockets of those in poor health, and that abolition of prescription charges would be more than offset by substituting highly-priced branded drugs with their cheaper generic equivalents.

Referring to the dangers of doctors prescribing larger quantities to ease the burden on patients, Mr Shulman says that 10 per cent of the £2 billion annual drugs bill is wasted because the drugs are never used. He also points out that prescribing for three months at a time means the pharmacist forfeits two months income.

PSNC assistant secretary Peter Boardman was quoted in *The Independent* as saying that about 100,000 patients a

## NI to miss April 1 deadline?

**Northern Ireland contractors and the Department of Health are unlikely to reach agreement on a remuneration package before April 1, it is becoming increasingly clear.**

The Chemists Contractors Committee has only this week circulated members to determine how many are likely to be considered as essential small pharmacies, or will be claiming compensation for relinquishing their contract.

■ Laurie Pavitt (Lab), one of the leading anti-smoking campaigners in the Commons, has tabled a Parliamentary motion welcoming the ban on the sale of tobacco products through pharmacies by the Council of the Pharmaceutical Society.



## PGC also unveils new fee structure

The Pharmaceutical General Council has announced the new fee structure for Scottish contractors from April 1, along with details of the new essential small pharmacy scheme.

A fee of 112p will be paid for the first 1,300 scripts dispensed in a month, 67p for the next 1,700, and 55p thereafter. The present 9p interim allowance will cease from April.

Additional dispensing fees remain for the present as detailed in the Drug Tariff. On-cost will be paid at a flat rate of 6 per cent of gross ingredient cost (as opposed to the figure remaining after discount has been deducted, as at present). Stock orders will continue to attract an on-cost rate of 25 per cent.

The new ESPS falls into three parts: for full time pharmacies included in the scheme, but dispensing less than 1,300 scripts a month, for each script below that level the sum of 85p is payable subject to a minimum monthly payment of £85 and a maximum of £595. Payment will be made with the normal monthly payment by the health boards.

Full time pharmacies currently in the scheme dispensing between 1,300 and 1,800 scripts a month will continue to receive payment at the current rate for the next two payments, due in July 1987 and January 1988. Then the payments will be reduced by a third of their current value each year until, with the last payment in January 1990, they are phased out. The payments will be made on the existing six monthly basis, but from the PGC's offices.

Part time pharmacies will receive a payment related to the hours of service for which the pharmacy is open. Payment will be related to the sum payable to full time pharmacies dispensing less than 1,300 items a month, calculated on the following basis: open up to six hours a week — 40 per cent; 12-18 hours — 60 per cent; more than 18 hours — 80 per cent.

The health boards are being told that they should accept applications from contractors who wish to terminate their contract and claim compensation in the current tax year (1986-87), and not to require the three months notice as set out in the regulations.

Anyone who decides to give up their contract during April, May or June should apply for compensation to PGC secretary Colin Virden, who will pass on their claim direct to the Health Department. It may speed up the processing of applications.

*Chemist & Druggist 14 March 1987*



"We're just here to make sure the whales don't get an overdose."

## Hants go for the big DUMP

For two weeks, from March 23 to April 4, one of the largest Dump campaigns ever mounted will take place throughout Hampshire, the Isle of Wight and Chichester.

Initiated by the Hampshire Pharmaceutical Advisory Committee, the campaign is being organised by local environmental health offices in liaison with the LPC, and the regional and district pharmaceutical officers, and with the co-operation of local wholesalers Herbert Ferryman and Graham Tatford.

The cost of running the campaign will be met by sponsorship from local pharmaceutical manufacturers (principally Lilley Industries, Cyanamid, Wyeth and Duphar Laboratories) and by the local authorities who are providing incineration services free of charge. A local chemical waste disposal firm, Rechem, is also providing services at a reduced rate to enable toxic materials to be dealt with safely. Further information can be obtained from Jeff Holloway, Chairman, Hampshire LPC, 2 Church Street, Romsey, Hampshire SO51 8BU (tel 0794 513314).

## Rural Melbourn

The village of Melbourn, Cambridgeshire is rural in character, and any application to dispense will have to go to the Rural Dispensing Committee.

The RDC ruled on Melbourn's "rurality" at its February meeting, upholding the FPC's view of the area. The village parish council has already come out in support of local doctors against the idea of a pharmacy. The *Cambridge*

*Evening News* reports doctors at the Orchard Road surgery as saying that the loss of dispensing income could ruin £100,000 expansion plans for the surgery.

## Ticking off for Welwyn chemists

Pharmacists from three firms in Welwyn Garden City who distributed "misleading" leaflets to patients of a newly-permitted dispensing doctor practice, have been ticked off by the Pharmaceutical Society.

Shortly after the Rural Dispensing Committee granted permission for doctor dispensing in designated areas around Welwyn last July, pharmacists from John & Kelynack, Nina Barnes Ltd, and Busbys (Wheathampstead) Ltd distributed leaflets to patients in those areas outlining the options they had for obtaining their drugs.

In response to a complaint from Dispensing Doctors Association chairman Dr David Roberts, the head of the law department, Mr Gordon Appelbe, has written to the pharmacists to say that, though the Society sympathises with them, they ought to be more circumspect in their views, and should seek advice in future.

## Patent bust up?

Beecham and Glaxo look to be on collision course over patent rights with a new group of anti-emetic drugs, the 5-HT<sub>3</sub> antagonists.

According to the *Financial Times*, Beecham claim they are developing a drug, code-named BRL43694, against migraine and vomiting, and are claiming a use patent covering a similar drug being developed by Glaxo, for cancer chemotherapy. Glaxo dispute that the patent details have yet been published.



## 4.5pc rise for all in new JIC rates

Pharmacists and pharmacy managers will receive a 4.5 per cent increase on minimum salaries under the new rates of pay and conditions of employment agreed by the National Joint Industrial Council for Retail Pharmacy (England and Wales).

The increase has been made on a revised turnover band uplifted to allow for drug inflation at 6.7 per cent, and RPI at 3.9 per cent. Shop assistants and junior shop assistants also receive an increase of 4.5 per cent, raising the minimum shop assistants' wages from £77.90 to £81.40. Minimum rates for dispensing assistants rise by the same percentage. Special relief for those unable to pay JIC rates has been raised to £3,318. Rota payments to pharmacists have been increased by 4.5 per cent to £4.13 per hour on weekdays, and £9.61 per hour on Sundays, half-days and holidays.

Under the new agreement the definition of a dispensing assistant has been extended to cover "one who is not less than 20 years of age, is wholly or mainly engaged in dispensing and who: has passed the final examination of the City and Guilds of London Institute Dispensing Technicians Certificate (738), or the Society of Apothecaries Dispensing Technicians Certificate or successfully completed the National Pharmaceutical Association, BTEC Pharmaceutical Sciences Certificate, or Boots Dispensing Course; or on December 31 1974 had completed not less than three years' continuous experience in pharmacy and was wholly or mainly engaged in dispensing.

The new wages and conditions are

## PSGB calls for hospital review

The Pharmaceutical Society has confirmed its request to the Health Minister, Tony Newton, that hospital pharmacists' salaries should receive special consideration, and that a review of the service should be set up.

The Society's president, Dr Geoff Booth, the treasurer, Mr Colin Hitchings, and the secretary and registrar, Mr John Ferguson, met the Minister on February 17, and Mr Ferguson has written summarising the main points made.

based on a working week of 39 hours and come into operation from April 6.

### Pharmacists Minimum annual salary scales Pharmacists managers

Weekly Turnover	London	Provincial
£2,073 to £2,279	£8,050	£7,941
£2,280 to £2,505	£8,210	£8,101
£2,506 to £2,758	£8,375	£8,263
£2,759 to £3,034	£8,543	£8,426
£3,035 to £3,338	£8,713	£8,596
£3,339 to £3,670	£8,888	£8,768
£3,671 to £4,036	£9,064	£8,942
£4,037 to £4,440	£9,246	£9,121
£4,441 to £4,885	£9,431	£9,305
£4,886 to £5,374	£9,620	£9,490
£5,375 and over	£9,813	£9,679

### Pharmacists

	London	Provincial
First year after registration	£5,963	£5,857
Second year after registration	£6,172	£6,066

### Dispensing assistants Minimum weekly rates of pay

Age	London	Provincial
20	£88.90	£88.38
21	£91.18	£90.64

### Shop assistants

Age	London	Provincial
16	£53.15	£52.90
17	£61.35	£61.04
19	£69.51	£69.18
19	£81.76	£81.40

**Special Relief:** the agreement permits an employer providing an essential pharmaceutical service and who is suffering special economic financial, or trading difficulties to apply for authority to pay up to 15 per cent lower rates if the combined NHS and counter turnover is less than £3,318 per week.

The letter expresses concern that the problems of recruitment and retention of pharmacists in the hospital service will not only make impossible the essential developments recommended by the Nuffield Inquiry but will jeopardise the quality of service currently provided. Since the implementation of the 1986 salary awards more pharmacists have left the service than have been recruited.

The Society's representatives suggested that a joint Department /profession working group should assess how best to obtain maximum benefit of the pharmacist's expert knowledge and how the service could be developed, with support staff, to encourage pharmacists of high calibre to join.

## Judgment to come in API case

The High Court in London last week reserved its judgment to a later date in the case in which the Association of Pharmaceutical Importers sought to change the present policy forbidding pharmacists to dispense imported proprietary medicines unless they have the identical name to their UK counterpart.

The 18-member API was seeking declarations and, if necessary, mandatory orders against the Department of Health and the Pharmaceutical Society.

Mr David Vaughan, QC, for the API, told Lord Justice May and Mr Justice Simon Brown, in the Queen's Bench Divisional Court, that proprietary medicines imported from the EEC could be used to fill prescriptions provided they were called the same thing wherever they came from, but not if they had a different name in the EEC country of origin.

The API claimed that the requirement, which precluded pharmacists dispensing the same drug simply because it sold under a different trade mark or brand name, amounted to a restriction on imports unlawful under European law.

Of the 17,000 drugs available on the UK market only about 220 are imported and of these only about 50 are in issue in the present case.

The API asked the court to grant a declaration that the Services Minister's failure to change his interpretation of paragraph 2(1) of the Terms of Service for Chemists is a breach of Article 30 of the EEC Treaty and unlawful.

The API is also seeking a declaration striking down the Pharmaceutical Society's decision not to revoke its statement published on July 12, 1986, in which it vetoed such substitution by pharmacists except in emergency or with express approval of the prescribing doctor.

Mr John Peppitt, QC, for the Society, told the court that the Society did not accept that the imported products were necessarily identical, even though they all had licences. There were material respects other than the therapeutic properties, which must be identical in order to obtain an import licence, which entitled doctors to prescribe as they did.

In its evidence the Society's Council said the purpose of its July statement had not been to discriminate against imported medicines but to warn pharmacists to treat all products alike. Confidence in a medicine and the "placebo" effect were important elements in patient care.



## COUNCIL STATEMENT

# Pregnancy tests in pharmacies

**The Pharmaceutical Society's Council has issued the following guidance on pregnancy testing in pharmacies.**

who requested the test.

A written confirmation of the result should be provided even when the result has been communicated by telephone.

The form should be dated and give the patient's name and address. The result should be given as positive or negative with an explanation of such terms and the limits of accuracy for example: "The specimen provided has been tested for urinary gonadotrophin and has been found to be: Positive/Negative. Research has shown the results of the test to be accurate in 98 per cent of all cases. A positive result indicates a probable pregnancy."

At the patient's request, a copy of the form should be sent to her medical practitioner. Notwithstanding the result, the patient should be strongly advised to consult her medical practitioner or, if she appears reluctant to do so, another source of medical advice, for example, a pregnancy advisory bureau. The pharmacist should not recommend a particular pregnancy advisory bureau but have a list available for use if the patient requests information.

### Footnotes

#### 1. Council Statement on contraceptive advice to girls under 16.

The Society's Council is concerned that pharmacists should be aware of the implications for them of the House of Lords decision in the case of *Gillick v West Norfolk and Wisbech Area Health Authority* and another.

In general, the decision permits medical practitioners and, therefore, probably pharmacists and certainly para-medical staff to give advice on contraception to girls under the age of 16 without the consent of a parent, provided certain conditions are fulfilled. On considering those conditions, Council believes the following advice should be given to members:

a. The sales of contraceptive devices, for example condoms, and the availability of

information leaflets in pharmacies are not affected by the decision and appear to present no problems.

b. With regard to the dispensing of prescriptions, Council believes it would be safe for a pharmacist to rely on the doctor's assessment of his patient in accordance with the conditions laid down in the *Gillick* case.

c. Pharmacists should exercise great care when asked to give advice on contraception to young girls. If such a request is received the pharmacist should ascertain the age of the inquirer; if the inquirer is under 16, ascertain whether parental consent has been given; and in the absence of parental consent refer girls under the age of 16 to their general medical practitioner or to a family planning clinic.

#### 2. Extracts from Code of Ethics, guidance notes, section 7.

(ii) It is in the public interest for pharmacists to make available information about the professional services which they are able to provide. Information, announcements, advertisements or any other form of publicity should not be of a character which could reasonably be regarded as likely to bring the profession into disrepute. Additionally, publicity for professional services must be discreet and dignified so as to impress upon the public that medicines are not ordinary articles of commerce and that pharmacists are professional people providing, in addition to the supply of medicines, skilled and informed advice on pharmaceutical matters and health care.

(iii) Publicity must be factual, accurate and not misleading.

(iv) To avoid creating an invidious distinction between pharmacists or pharmacies there should be no criticism of the services of other pharmacists or pharmacies, and there should be no claim of superiority over any other pharmacist or pharmacy either expressed or implied.

(vi) Publicity informing the public of the availability of professional services should comply with the guidelines above. In addition, it should contain no matter other than the name, address and telephone number of the pharmacy; the hours of service; the words "pharmacy", "chemist", "pharmacist", and "MPS" or "FPS", of which one word only may be used in an advertisement in a discreet manner, and then only once in an advertisement whether or not the word appears in the company or business name; an indication of the availability of specific products and/or a general indication of the professional services available including any specialised services.

**P**regnancy testing is a professional service offered by many community pharmacists. With the increase in control on expenditure in National Health Service hospitals, it is likely that more pharmacists will wish to offer such a service. The following notes are offered as guidance. **Confidentiality** The pharmacist must keep all information provided by the patient and the result of the test confidential, and only disclose information with the patient's consent.

Advice on contraception may be sought at the same time, and pharmacists are reminded of the Council Statement on contraceptive advice to girls under the age of 16, first published in February 1986 (footnote 1).

**Advertising** Pregnancy testing is regarded as a professional service and therefore should be advertised only in accordance with the relevant parts of the Code of Ethics, section 7.

**Facilities** A reliable method of testing should be used.

It is important that care is taken to prevent contamination which can be caused by the handling of urine samples. This should be achieved by using a room separate from that used for dispensing. The room should be kept clean and tidy and all working surfaces finished with a smooth, impervious and washable material. Adequate lighting should be provided so that the results of the test can be read correctly. A separate sink should be provided.

Procedures which ensure that no confusion occurs between samples must be devised and followed.

Persons carrying out tests should wash their hands before leaving the working area. All cuts and grazes on hands or on exposed parts of the body must be covered with waterproof dressings.

**Requests** A signed and dated confirmation of the request should be obtained. The form on which confirmation is obtained should state the limits of accuracy of the test. All questions relating to the test should be asked by the pharmacist and the answers recorded in writing.

**Records** A written record of the result, together with information provided by the patient and the type of test and batch number of the test materials, should be retained by the pharmacist for at least one year. Such records must be stored safely to preserve confidentiality.

**Communication of the result** The result of the test should be provided in writing on a standard form. If it is necessary to convey the results by telephone, the pharmacist should be satisfied that the person requesting the information is the person



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## Item No.

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7916	Licorice Bar 3-pack	48/1
7946	200 Gram Licorice Box	24/1
7955	Licorice Cuttings	4/1
7930	Raspberry Bar	12/36
7918	Blackcurrant Bar	12/36

# Panda



## Treat yourself to a healthy profit, naturally.



## IBA lifts ban on condom TV ads

**The Independent Broadcasting Authority has decided to lift its ban on television and radio advertisements of branded contraceptives, subject to consultations with the Home Office.**

This move has been made in the light of the anti-AIDS campaign which has focussed attention on this issue, the IBA says. Detailed guidelines are being drawn up which will be referred to the Advertising Advisory Committee on which medical, consumer and advertising interests are represented.

Subject to agreement, advertisements are expected later this year.

For further details contact Jenn Creik at the IBA — 01-584 7011, ext 447.

## Up and up . . .

**The number of registered pharmacies rose in February by 23 to 11,757, with openings at 47 and closures at 24.**

England saw 39 premises join the Register (five in London) and 23 closures (three in London). In Wales there were three openings, while in Scotland there were five, with one closure.

## Telecom get the message

**Pharmacists are to be included in the new NHS/British Telecom telephone maintenance scheme, which will ensure that along with doctors, they receive free priority repairs.**

Concern had arisen that pharmacists would have to pay for such services after the old system was discontinued (C&D January 17, P102). But following pressure from the Pharmaceutical Services Negotiating Committee, the Department of Health has agreed to include pharmacists, but not dentists or opticians, in the scheme.

■ The latest AIDS figures for the UK show that to the end of February there were 731 cases in total, of whom 377 have died. The comparable figures at the end of January were 686 and 355. The vast majority of cases (640) and deaths (317) are amongst homo- or bisexual males.

## Disposables

Best news of the day! Diabetics are to be given disposable syringes and needles free on prescription. From experience with patient response this really is a major step forward for patient comfort, though I suspect the quoted figure of 2,000 diabetics, should have read 200,000. (Yes — Editor).

But with the increased demand now guaranteed, may I suggest the DHSS negotiate a fixed price contract for the bulk supply so we won't be faced with yet another fluctuating field of unstable prices?

## Not yet, darling!

I don't think we need panic at learning the DHSS and Pharmaceutical Services Negotiating Committee are still not settled on the final package concerning the fine print of the contract. The principle is established, and more important, PSNC have our total support, which must mean something in their negotiating stance. And in politics, as we all ought to know, it is futility absolute to give a running account of final negotiation to the Press before decisions are on paper . . .

## It's getting better

The weather may be rotten today, but apart from the short, sharp cold spell, our Winter hasn't been too bad. It's lovely to see the daylight on our way to work, and to arrive home before dark.

It has not been my best year for cough mixtures, nor have the 'flu vaccines flown out. This latter causes me some *angst*. Our local GPs took in a young partner last year who, determined to show a profit from the start, signed up with company 'X', an act

which cost me about 50 of their opposition's scripts. When you consider they have about 2,500 patients on each partner's list, I find this a bit grasping, since I understand each enjoys a salary in excess of £40,000, when all their various perks are added up. I don't mind anyone making a decent living, but it comes a bit hard when at these levels they find it good business to cut me down. How do you make the point without falling out?

## Food additives

I am often asked about food additives in medicines: the *bête noire* being tartrazine. There seems little doubt about tartrazine's ability to cause reactions in many people. As a result, any other colouring, flavouring or preservative comes under an all-embracing criticism by awakened watchdogs. I often wonder how we ever managed to enjoy a sausage, when you consider the ingredients. But the Government is now to fund four linked projects to research adverse reactions to food additives — which strikes me as odd. Have we been using all these "safe" products for years without allergy tests being done before they were approved?

## Rhodes scholar

Congratulations to Bruce Rhodes, assistant secretary of the Pharmaceutical Society, on being appointed a member of the Health Education Authority. We could not wish for a representative better able to bring a knowledge of things pharmaceutical to that body, since not only can he bring information from source so that it has authority, but he has the invaluable knack of imparting it so that it can be accepted with thanks as a valued contribution . . . That ought to get me my FPS, even though it is nothing less than the truth. We have reason to be pleased.

A sign of a pharmacy of the past. The "Waterloo Pharmacy" placard came to light during alterations to a draper's shop in Stroud, Gloucestershire. It's thought to have belonged to a Robert Samuel Farrer who ran a pharmacy in 1897. The present owners hope the Farrer name will now live on in the local library or museum





## On the box

Windsor Pharmaceuticals are supporting their laxative products Dulcolax and Laxoberal liquid, with a £300,000 advertising and promotional campaign.

Thirty and ten second television commercials based on the theme "Now there is a laxative to suit your body", will be shown in Wales, the South West and Scotland during March and will be followed by a second burst, also in Tyne Tees, in August. Advertisements will also feature in national women's magazines from May through to December.

The company's "Healthy eating in later life" consumer booklet and video, are both available free, say *Windsor Pharmaceuticals Ltd, Ellesfield Avenue, Bracknell, Berks RG12 4YS*.

## Adding the tabs

Blackmores have added PMF tablets to their nutritional supplement range. The one-a-day tablets (42 £4.50), aimed at women, contain 200mg calcium phosphate, 100mg vitamin B<sub>6</sub> and 100mg magnesium phosphate, together with smaller amounts of kelp, raspberry leaf powder, 1-tryptophan, black haw extract, vitamins B<sub>3</sub>, E, B<sub>1</sub>, D, B<sub>12</sub>, trace elements zinc, iron and manganese, dried ginseng, spearmint oil and folic acid. The tablets are sugar, yeast, wheat corn starch, gluten, milk derivative, preservative and artificial colouring free. *Blackmore's Laboratories Ltd, Unit 7, Poyle Tech Centre, Willow Road, Poyle, Colnbrook, Bucks.*

## PRESCRIPTION SPECIALITIES

Prices for Wyeth's new generics are as follows: tamoxifen tablets 10mg in 30s, £4.50 and 250s, £37, and 20mg in 30s, £6.50. Metformin tablets 500mg in 60s and 850mg in 30s both £1.70, all prices trade. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks.*

The World Health Organisation has recommended a trivalent influenza vaccine for 1987-88, containing the following antigens: an A/Singapore/6/86 (H1N1)-like antigen, a B/Ann Arbor/1/86-like antigen, and an A(H3N2) (to be recommended).

*Sinclair Pharmaceuticals* have asked us to point out that Ferfolic SV tablets, shown in the March edition of the *C&D Price List* as on the blacklist, are prescribable. The error will be rectified in the April edition.



## Unichem special

**Unichem members will now be able to order "made-to-order" specials via their local branch.**

The products will be specially manufactured by Penn Pharmaceuticals Ltd. Members should place their order with reference to BNF or Martindale, but should further technical information be required, Penn Pharmaceuticals will contact them direct. Orders will be delivered within two weeks, apart from sterile products, where an extra week should be allowed. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

## A name for pain

Cox Pharmaceuticals have added a brand name, Panerel, to the pain relief tablets from their family medicines range.

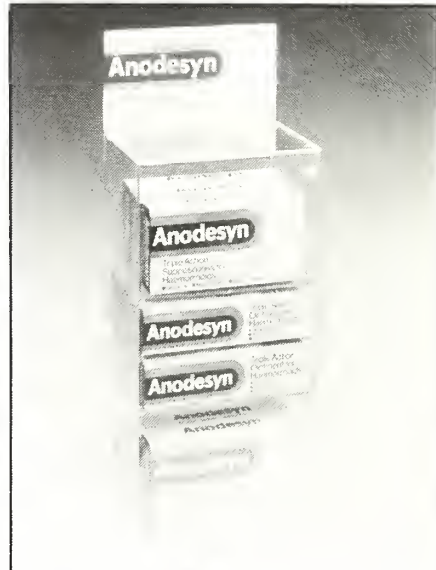
Each Panerel tablet contains 450mg paracetamol, 8.1mg codeine phosphate, 15mg caffeine and 15mg nicotinamide (Cartons of 12, 24 and 48 tablets). *Cox Pharmaceuticals, A.H. Cox & Co Ltd, Whiddon Valley, Barnstaple, Devon.*

*Sinclair Pharmaceuticals Ltd, Borough Road, Godalming, Surrey GU7 2AB.*

*Lundbeck* have produced a new patient leaflet to help the pharmacist aid patients in the effective use of Nicorette. The leaflet describes the importance of the chewing technique and includes a cost comparison chart of Nicorette therapy and smoking.

For packs of 20 leaflets, pharmacists should contact *Lundbeck Ltd, Lundbeck House, Hastings Street, Luton, Beds.*

*Serono* have introduced single ampoule packs of Pergonal (menotrophin injection BP) at £8.32, for community pharmacy use. A single ampoule pack of Metrodin (urofolitrophin injection) at £13.74 (both prices trade) will be available from March 30. *Serono Laboratories (UK) Ltd, 2 Tewin Court, Welwyn Garden City, Herts*



## Anodesyn ads

Next month sees the start of a seven month £200,000 Press campaign by Crookes for their haemorrhoid treatment Anodesyn.

From April 1 to October 31, over 100 advertisements will appear in national daily and Sunday newspapers under the headline: "Piles? Don't just treat the pain. Anodesyn reduces swelling and promotes healing too." And during April and May, Crookes will be mounting a trade promotion. Display of a pre-packed unit will qualify pharmacists for entry in a prize draw to win a weekend for three in London.

The company says it will be exhibiting again at the annual Health Visitors Conference in Blackpool. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.*

## A Micro-touch

*Surgikos* are introducing a Micro-touch version of the Hampshire Dressing Aid. The original was introduced in 1970, and incorporated disposable gloves instead of forceps, in a sterile polythene bag that doubles, when inverted, as a disposable bag for soiled materials.

The new version incorporates Micro-touch latex gloves in three sizes as an alternative to Dispose-a-glove examination gloves. The new pack (50, £20 trade) also includes a yellow disposable bag which the company says conforms to be recommended infection control procedures. A 14-minute video explaining the technique can be seen by contacting local representatives. *Surgikos Ltd, Kirkton Campus, Livingston, West Lothian.*

*Ironplan Spansules* have been repackaged in blister packs, say *Menley & James Laboratories Ltd, Welwyn Garden City, Herts AL7 1EY.*



BEAUTY  
—from—  
WITHIN

NEW!



E.G. Marketing Limited, Park Road, Overseal, Burton on Trent DE12 0JT

*Beauty from Within is a range  
of multivitamin tablets.  
There is a course for your eyes,  
for your hair, for your skin,  
and for your nails.  
Available now at all good chemists  
and health food shops.*

## —Now your sales picture is complete—

*Eyes, Hair, Skin and now, Nails.*  
Everything your customer could want from  
a vitamin and mineral supplement range.

The 'Beauty from Within' concept is unique,  
sophisticated and is already forging a new market.

This year it will be advertised heavily.  
Colour advertisements like the one above will be  
appearing in *Cosmopolitan*, *Company*, *Elle*,

*Woman's Journal*, *Hair and Good Looks*, *Vogue*  
and a host of other women's magazines.

Make sure that you stock the Beauty from  
Within range and that you display the excellent  
in-store point of sale material.

Contact E.G. Marketing at the address below  
for more details.



E.G. Marketing Limited, Park Road, Overseal, Burton on Trent DE12 0JT. Tel: 0283 221010.



Last May, we put our Profile Swivel on TV and posters.

To the tune of £1.5m.

Suddenly, our razor became the biggest razor in supermarkets.

Why stop at supermarkets?

Which is why we're back on TV next month.

With both our Profile Swivel and our Profile Fixed.

It should raise our profile higher still.





**One burst on TV  
and look  
what happened  
to our Profile.**







## A big hand for Savlon

From April Savlon barrier cream will be available in new pink packaging decorated with hands to highlight its protective function during wet or grimy jobs.

Trial size tubes (15g £0.29) displayed with the standard 50g pack in presold merchandise (holding 3x50g and 10x15g) will also be available.

The cream's formula and price remain unchanged. It is not slippery or sticky, and contains no lanolin, say *Care Laboratories Ltd, Lindow House, Beech Lane, Wilmslow, Cheshire.*

## Scotch mixed

Retailers ordering a pre-packed unit of 3M's Scotch colour film before April 30 will receive an extra ten 135-24 100ASA films free, says the company.

The pre-pack (£59.13 trade) contains a mixture of films. Orders made by April 30 and worth over £200 including the pre-packed unit, together with any other Scotch videocassette, audio cassette or diskette product, will entitle retailers to a free watch worth £22.95, says the company.

Supporting the official launch of the product towards the end of this month, 3M say there is to be a promotion in *Camera Weekly* with a film box mounted on the front cover of the April 4 issue and a free film coupon inside. Further follow up activity is planned for June, linking into the chemist and photo dealer network, say *3M UK plc, 3M House, PO Box 1, Bracknell, Berks RG12 1JU.*

## ON TV NEXT WEEK



GTV Grampian B Border C Central CTV Channel Islands LWT London Weekend C4 Channel 4	U Ulster G Granada A Anglia TSW South West TTV Thames Television Bt TV-am	STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees
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Actifed:	All areas except Ulster
Alberto Natural/Silk:	GTV, U, B, Y, HTV
Askit powders:	GTV, STV
Atrix:	All areas, C4, Bt
Belle Color:	C, A, HTV, TSW, TVS, TTV, C4
Benylin Day & Night:	Y
Benylin expectorant/paediatic:	All areas, C4
Dixel toilet tissues:	GTV, G, Y, C, HTV, Bt
Dulcolax:	STV, HTV, TSW, C4
Fiesta kitchen towels:	All areas, C4, Bt
Johnson & Johnson baby shampoo:	All areas
Lady Grecian 2000:	STV, Y, TVS
Laxoberal sugar-free liquid	STV, HTV, TSW
Lipcote:	C
Listerine:	All areas
Paracodol:	All areas except TVS, Y, U, G
Pearl soap:	All areas
Peaudouce Babyslips:	Bt
Pretty Polly stockings:	All areas, C4
Redoxon:	STV, C, HTV, TTV, C4
Ribena:	All areas
Robinson's babyfoods:	Bt
Robitussin:	All areas
Scholl's Lite Legs	G, C, TSW, LWT, Bt
Settlers' Tums:	All areas
Sinutab:	All areas
Strepsils:	Y, C, TT
Unichem's own brand:	Bt and all areas except U
Chique, Lace, White Satin:	All areas

## Looking for Fun?

Harlings Ltd are introducing Look Funlasses into Britain.

Shaped like the word "look", a style the company says has been worn by Elton John, the sunglasses, already available in the States, come in black, white, red and blue (about £4.99). *Harlings Ltd, 48 Westover Road, Bournemouth, Dorset.*

The UK launch of Kodak's Gold 400 ASA film has been delayed by the parent company Eastman Kodak in the United States. It looks as though the film will not now be available until the Autumn, say *Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts.*

## Miners minors

Miners are introducing travel size lipstick and nail polishes (£0.65), and running a "Summertime blues" promotion offering consumers a free blue hair decoration with any purchase of a blue product. *Miners, Max Factor Ltd, Factor House, Waterman's Park, Brentford, Middlesex TW8 0DS.*

## Passport to profits?

Passport photography is big business according to Polaroid, who are running a national Adshel advertising campaign from April to May to promote the Polaroid passport picture service. Each poster is to carry details of the local dealer and a free luggage label offer, says the company.

The label incentive also features in two advertisements Polaroid have prepared which can be personalised and used by dealers in their regional media. In addition Yellow Pages directories are to carry an advertisement for Polaroid's passport information service. A free booklet for customers gives details of the new size requirements for passport photos. *Polaroid (UK) Ltd, Ashley Road, St Albans, Herts.*

## For the Nursery

Lewis Woolf Griptight have introduced two more products to their Nursery branded range.

Dissolving sterilising tablets, supplied wrapped in child-proof foil, can be used to sterilise baby bottles and all feeding equipment (24 £0.68, 60 £1.38). Also new are cotton buds (100 £0.56). *Lewis Woolf Griptight Ltd, Oakfield Road, Selly Oak, Birmingham B29 7EE.*

Tambrands have introduced a smaller kit for the First Response ovulation prediction test. The six day kit is now 10cm smaller in size. *Tambrands Ltd, Dunsbury Way, Havant, Hants PO9 5DG.*



Also available:  
"Black Robin"  
Don Johnson??  
including  
spectacle  
holder - 85p

## FUNGLASSES THAT SPELL PROFIT

These zany "look" glasses as seen on TV. - have already been a big success in Europe and the U.S.

Now available for the first time to the U.K. Gift Trade, they come in Red, White

and Black at only £30.00 per dozen, that's £2.50 each (R.R.P. £4.99)

Telephone us now on (0202) 298593 or 25366 to discuss volume discounts on orders of 30 dozen or more.

**LOOK**  
FUNGLASSES

Harlings Limited, 48 Westover Rd.  
Bournemouth, Dorset BH1 2BZ  
Fax: (0202) 298593



# SENOKOT-THE BIGGEST-SELLING AND MOST RECOMMENDED LAXATIVE BRAND IN PHARMACY

- No 1 selling branded laxative – 21.9% market share.<sup>1</sup>
- No 1 recommended brand – 53% of all pharmacy recommendation for laxatives.<sup>2</sup>
- One of the top 20 selling brands in OTC medicine.<sup>3</sup>



## **Most-supported laxative brand in pharmacy**

Senokot is being advertised nationally in women's magazines, and a new television campaign breaks regionally throughout 1987. Total advertising spend in 1987 will be £400,000.

## **Thirty years of effective use**

Senokot has been recommended successfully for more than thirty years by doctors and pharmacists for the safe, gentle and effective relief

of constipation. 125 million doses are sold yearly through pharmacy.

## **Nature's answer for constipation – in convenient forms**

Senokot contains a laxative ingredient derived from the senna plant, which has been used for centuries for the treatment of constipation. In Senokot it is provided in easy-to-take forms, either as tablets, granules or syrup.



A Reckitt & Colman Pharmacy Product.

References: 1 & 3. IMS Home Medicine Report. 2. Martin-Hamblin Research.





WHEN HE GOES,





Newborn Cosifits now sport a row of little blue ducks.

Very fetching they look too, but they also have a more practical purpose.

As soon as the nappy gets wet the ducks start to disappear.

Which means a mum can tell straight away when it's time for a change.

This will come as welcome news to babies everywhere. (Sitting around in a wet nappy isn't much fun.)

While mums should be equally chuffed. (Listening to someone who's sitting around in a wet nappy isn't much fun either.)

So make sure you have Newborn Cosifits on your shelves.

Otherwise you know what you'll have to do when mums come asking for them.

Duck.

**COSIFITS<sup>®</sup>**

THE NAPPY THAT'LL KEEP THEM HAPPY.

**Robinsons of Chesterfield** 

# DO THE DUCKS.



# And he only popped-in to pick-up a prescription



As a professional pharmacist you probably get your fair share of people calling in to have prescriptions dispensed.

But what about your turnover of products other than drugs and medicines?

All those high profit possibilities such as perfumes and toiletries, health foods and homeopathic products.

Perhaps you haven't considered all the possibilities open to you. Or, maybe you have but they're not moving as well as you'd hoped they might.

Either way, you have everything to gain from an informal initial consultation with Shopfitting and Design.

We are a specialist consultancy with wide experience in advising pharmacists on store design and merchandising.

We will survey your specific location and recommend the merchandise most suited to your business. Following which, we will design your premises to ensure that you achieve optimum sales per customer.

Even if they only pop-in to pick-up a prescription.

## Shopfitting & Design

**We make your premises and your profits look really good.**

I would like further details of your shopfitting and design services

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**shopfitting  
& design**

Shopfitting & Design Centre Ltd.,

2a Hallatrow Road, Paulton, Bristol, BS18 5LH Telephone: 0761 418941

## COUNTERPOINTS



## Network set to show who's Boss

Network Management are launching Boss, a men's fine fragrance line from Germany.

Boss is manufactured by Eurocos Ltd, under licence from the fashion company Hugo Boss. It was launched in Germany in 1985, and is now sold in around 20 countries.

Packaged in black and white, the range comprises: eau de toilette (50ml £14.50, 125ml £25, natural spray 50ml £16.50, 125ml £27.50); after shave (50ml £10.50, 125ml £17.50); pre shave (125ml £13.50); shaving foam (150ml £8.50); shaving cream (100ml £7.50); after shave balm (100ml £12); after shave cream (100ml £10); soap (150g £7.50); bath and shower gel (200ml £9.50); body lotion (200ml £9.50); deodorant spray (150ml £8) and deodorant stick (75g £8).

The launch will be supported by a £350,000 promotional campaign, with adverts in women's and men's interest magazines. POS material includes window displays and showcards, testers, samples and consumer leaflets. *Network Management Ltd, Marlborough House, 50 London Road, Brentford, Middlesex TW8 8JL.*

## Pretty Polly in the movies

Pretty Polly are backing their stockings range with a new £1m television and cinema advertising campaign.

The new commercial uses Doris Day's song "Move over darling" to set the 50's theme, involves a model mending her Jaguar sports car's fan belt with her stocking, and features the catchphrase "so smooth, nine out of ten cats prefer them". It will run on national television and in cinemas for the next 12 weeks, and for another 12 weeks in the Autumn. And it's thought CBS will be re-releasing the Doris Day single sometime soon. *Pretty Polly, Unwin Road, Sutton-in-Ashfield, Notts NG17 4JJ.*

## Beecham boost prices

Beecham are raising the price of Macleans Aquafresh 3 and Macleans Sensitive toothpaste by 8 per cent. They say the move, claimed to be in line with other manufacturers, will help restore trading margins. *Beechams Proprietaries - Toiletries, Beecham House, Great West Road, Brentford, Middx TW8 9BD.*

Vestric are adding ladies facial tissues (150 £0.57), to their Vantage own-label range of beauty and healthcare products. The two ply tissues are available in white or multi-coloured. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*





Lady Jayne

Lady Jayne

the perfect  
partners  
from  
*Lady Jayne*

Laughton & Sons Ltd, Warstock Road, Birmingham B14 4RT





## Eylure Nail it in a Minute

Eylure are introducing Minute Nails, a range of pre-coloured, pre-shaped press-on false nails in six shades.

The new nails use instant tape instead of glue, following on Eylure's 1985 launch of the instant tape concept with Instant Easynails. The six shades available are: champagne pink, arctic pearl, crimson sunset, fuchsia pink, midnight pink and flame red.

Minute Nails come in a standard size designed to suit most hands and can be trimmed and shaped like normal nails. Each reusable set includes 24 nails and 24 adhesive pads (£2.75). Instant tape refills are £0.99p.

The nails are blistered onto coloured backing card and displayed on a pink wire stand holding six of each of the six shades. Eylure, Grange Industrial Estate, Cwmbran, Gwent.

## Yardley spend £1m on mums

For the run up to Mother's Day, Yardley are backing Chique, Lace and White Satin with a £1m national television advertising campaign. Yardley of London Ltd, Miles Gray Road, Basildon, Essex.

## Two for the sun from Lauder

Estee Lauder are adding two new products to their sun-preps range.

Anti-wrinkle suncream for face (£9) comes in SP2 and SP4 and contains biotin, which is claimed to accelerate the sun's tanning action, as well as screening and moisturising agents.

Golden bronzing oil (£8) is also claimed to speed up tanning, while

moisturising and protecting, and is designed particularly for olive skins which tan easily and do not burn. Estee Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1X 0BH.

## Clarins push sun-preps

Clarins are backing their sun-care range with advertising in women's magazines this Summer.

Colour advertisements will appear in magazines such as *Vogue*, *Good Housekeeping*, *She* and *Elle* in July and August. And a double page advertorial, in conjunction with Slix swimwear will appear in the June issue of *Company*, say Clarins (UK) Ltd, 4 Queen Street, Mayfair, London W1X 7PH.

## Ambre Solaire in the Press

L'Oreal are backing Ambre Solaire duotan self-tanning cream and milk with advertising in the Press.

Half-page colour advertisements will appear in some Sunday supplements and magazines like *Elle*, *Cosmopolitan* and *Vogue* until May. And a new POS unit for the products is now available which also holds free self-tanning guide leaflets. Distributed by: Golden Ltd, 30 Kensington High Street, London W8.

## Family-size tans

Pond's are offering their sun tan lotions with cocoa butter in special "family savers" packs.

Two twin packs will be available — offering High Protection for children combined with either SPF4 or SPF2 lotions (£3.99). The promotions will be supported at point of sale with counter units and display cards. Cheseborough Ponds Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.

## In the Buf

Buf Puf deep cleansing facial sponges will be advertised in the women's Press for five months from March, with 30p off coupons. Distributed by: David Anthony Pharmaceuticals Ltd, 12 Spindus Road, Speke Hall Industrial Estate, Speke, Liverpool L24 1YA.

## Another mousse in the house

Elizabeth Arden are launching Simply Perfect mousse blusher (£8.50).

Designed for all skin types, the product has the same consistency as Elizabeth Arden's Simply Perfect mousse makeup.

It is available in six shades — pink, plum, cocoa, peach, coral and fuchsia — packaged in a gold-toned aerosol can with matching gold packaging. Elizabeth Arden Ltd, 13 Hanover Square, London W1R 0PA.

## A third in the hand

Wella are promoting Nutracare with a 33 per cent extra free offer.

Original and perfume free variants are available in a 100ml size for the price of 75ml (£0.95), an offer which coincides with a £200,000 advertising campaign for the brand in women's magazines, say Wella Great Britain, Wella Road, Basingstoke, Hants.

## Subtle tints

Max Factor are adding a tinted moisturiser (£4.95) to the Colourfast range.

The product contains sunscreens and is designed to complement Colourfast's waterproof eye make-up range, to offer a comprehensive cosmetics collection for leisure and summer holiday wear. It comes in four colours: ivory tint, amber tint, honey tint and mahogany tint. Max Factor Ltd, Watermans Park, Brentford, Middx.



Thomas Christy are promoting their Hotpak face pack with a "Buy two, get one free" promotion. Three Hotpak sachets will feature in a strip for £0.92, displayed on a specially produced merchandising unit. Thomas Christy Limited, Christy Estate, North Lane, Aldershot, Hants GU12 4QP

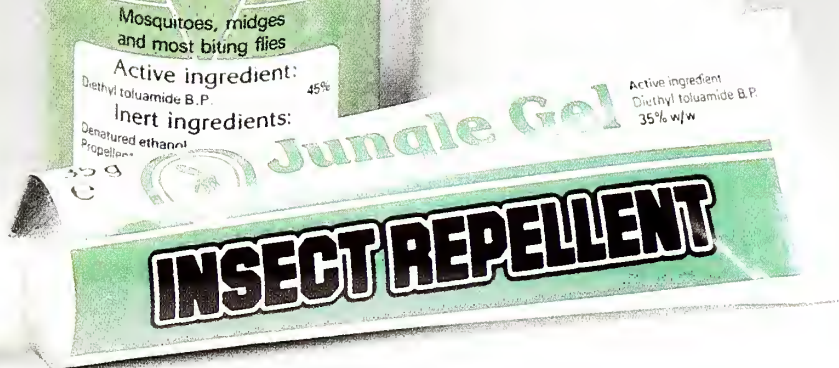


# "Mosquitoes hate us"

100ml aerosol  
£19.20 (12)  
RRP £2.99



50ml bottle  
£15.96 (12)  
RRP £2.45



35g gel  
£9.36 (12)  
RRP £1.49

**But with minimum 38% profit on return, you'll love us!**

- \* Pharmacy-only products
- \* National Press consumer advertising support
- \* Fully available through UNICHEM, VESTRIC, & all NUMARK wholesalers, with frequent special offers.

## Jungle Formula





## Jungle Formula hits the Press

Jungle Formula will be advertised in the national Press this Summer with a spend over £100,000, and the company is offering trade discounts through wholesalers.

The insect repellent, which the company says tripled 1985's sales figures last year, is available in aerosol (£2.99/100ml), bottle (£2.45/50ml) and gel (£1.49

35g). Advertisements will appear in papers such as the *Daily Telegraph*, *The Times*, *Daily Express* and *Daily Mail* from April, and the product will feature in Unichem, Vestric and Numark trade promotions in April, May and June. *Jungle Formula Company Ltd*, Fittleworth, Pulborough, Sussex RH20 1ER.

## Slick sees to stains

Slick, a grease and oil stain remover, is now available to chemists, say CB Developments, who plan to back the product with £60,000 of promotions and advertising this year.

By dabbing on the stain, then rinsing in cold water, the non-petroleum based solvent (£1.99, 50ml) removes tar, oil, and paint and other greasy stains from almost any materials except rubber and polystyrene say *CD Developments*, Studio 8, Mill Lane, Sidlesham, West Sussex PO20 7LYU.

## S&N pack them in

New features are being added to the Elastoplast range, with a fabric dressing pack and a new pack size for the clear range.

Fabric now offers a pack of 14 fingertip and knuckle plasters (£0.92), which were first introduced into the range as part of an assorted promotional pack in 1985.

The other introduction will be to the clear range which will now have an economy size (£1.22) to sell alongside handy and large packs. The new size contains 33 pre-cut dressings in a choice of three sizes. The clear product sector currently accounts for 15 per cent of all pre-cut dressing sales.

The introductions come in Elastoplast's family healthcare year: a year of brand and promotional activity which also marks a return to national television advertising. *Smith & Nephew Consumer Products Ltd*, Alum Rock Road, Saltley, Birmingham.

## Numark play Happy Families

April sees the second month of the Numark Happy Families consumer competition backing the launch of the new sizes of disposable nappies.

Key Lines on promotion include:

Colour Story permanent colourant, Dimension shampoo, Johnsons baby lotion, Kleenex for men, regular, travel tissues and pocket pack, Kodak stock box, Kodacolor VR and Gold film, Libra press-on towels, Marigold house gloves, Radox salts and herbal bath, Robinsons baby foods, Sensodyne toothpaste, Sure aerosol, Sweetex and Sweetex granulated, Tampax tampons, Timotei shampoo and conditioner.

Family Care Lines include:

Anadin, maximum strength and extra, Andrews salts, Anusol, Aqua Ban, Aspro Clear, Dentinox gel and colic drops, Doans extra strength backache pills, Elastocrepe cotton crepe bandage BP, Ichthopaste Zinc and Ichthammol paste bandage BP, Viscopaste zinc paste bandage BP, Collapaste zinc paste and coal tar bandage BP, Eurax cream and lotion, Jungle Formula and gel, Kwells, Mycota, Opas, Oraldene, Panadol, PR spray, Sanatogen and Tinaderm.

Choice Buy Lines include:

Alberto Balsam conditioner and shampoo, Alberto Natural Silk shampoo, conditioner, styling mousse, hairspray, rich foam bath and moisturising bath cream, Build-up, Cow & Gate Liga rusks and pure juices concentrate, Dylon natural fabric dyes and Getaway travel wash, Johnson's baby bath, Libra Slims, Lynx deodorant body spray for men, Palmolive shave foam, Pearl soap, Pin Up, Profile swivel and fixed razors and blades, Progress, Robinsons original high juice squash and barley waters, Slender powder and Natural Country bars, SR toothpaste, Supersoft hairspray and Topol smokers toothpolish.

*Independent Chemists Marketing Ltd*, 51 Boreham Road, Warminster, Wilts.

## Mouth Ulcer Relief in 30 Seconds

**Quick,  
Quick,  
Go.**

When you recommend Medijel to your customers you are offering relief from mouth ulcer pain within 30 seconds. Medijel is safe, totally aspirin free and is suitable for both adults and children. Which means when it comes to sales, it's a fast mover too.

**Medijel** Soothing gel and soft pastilles



# NOW THERE'S A WISE CHOICE FOR THE YOUNGER GENERATION



## A CONTINUING FORCE IN THE PHARMACY

Junior Panaleve is the newest addition to the 'Quality Care' range of Pharmacy only brands from Leo Laboratories.

A sugar free paracetamol elixir with a pleasant banana taste, Junior Panaleve is a wise recommendation for pain and fever relief in children and babies over three months.

And with a heavyweight £200,000 promotional campaign you can be sure your customers will be seeking the right choice from the right place everytime: exclusively in your pharmacy.

For further information, contact the OTC Department, Leo Laboratories Ltd., Longwick Road, Princes Risborough, Bucks HP17 9RR, Tel: 08444 7333.

Opas, Opazimes, Emoform and Panaleve are registered trademarks



DEDICATED TO  
THE PHARMACY



# Our new will every



*When it comes to sales potential, our new sticks will beat the competition, hands down.*

*Our thumping 24% unit-brand share already makes Speed Stick the stick deodorant brand leader.*

*And the stick deodorant category has expanded by 32% over just twelve months. Beating both aerosols and roll-ons for growth.*



# w sticks beat thing.

*We're introducing five new anti-perspirants, this Spring; two for men in Fresh Scent and Spice Scent varieties.*

*Plus for the ladies, new Lady Speed Stick anti-perspirant in scented, unscented and 'powder fresh.'*

*To launch Lady Speed Stick we're spending a whacking £1.1m, on TV and in women's magazines.*

*Not to mention plenty of promotional and other below the line activity.*

*Mennen's new, wider range of Speed Stick for men and women is available from Chemist Brokers.*

*Arm yourself with them now.*

*And look forward to beating all your sales and profit records.*



**Chemist  
Brokers**

Tel: 0372 66891

Speed Stick is a **MENNEN** product



# HOW MUCH DO YOU KNOW ABOUT FAMILY HEALTH?

## FAMILY



## HEALTH



What range of products provides all the family's day to day remedies and is used for a whole variety of minor ailments?



Which comprehensive counter medicine range features an attractive pack with its own distinctive 'family' symbol?



Which range is very profitable for you and comes with permanent discounts as well as seasonal promotions?



Which range is appearing in dominant spaces in the popular Women's Press?



So, which range will your customers be asking for by name?



Family Health.



Who supplies the Family Health range?



Vestric Ltd, Hills Pharmaceuticals Ltd, Mawson & Proctor Pharmaceuticals Ltd, Herbert Ferryman Ltd, Northern Pharmaceuticals Ltd.

**WHEN YOUR CUSTOMERS ASK,  
BE READY WITH THE ANSWERS.**

Please contact your local AAH wholesaler for range and price list



NATIONAL CONSUMER WOMEN'S PRESS ADVERTISING CAMPAIGN  
FULL PAGE COLOUR AND MONO ADS. APPEARING FEB-JUNE IN PRIMA, WOMAN & HOME,  
GOOD HOUSEKEEPING, WOMAN'S WEEKLY, TV TIMES, FAMILY CIRCLE.





A person walks about 115,000 miles in an average lifetime — that's four times the world's circumference. And they rely on feet which contain nearly a quarter of the body's bones, 250,000 sweat glands, 19 muscles and 115 ligaments! And if they decide to jog en route, those feet absorb four times one's body weight each time they hit the ground. Just a few good reasons why people need to look after their feet . . . and why you might benefit from investing in footcare products.



Courtesy of Scholl (UK) Ltd

The scores of customers who walk into your pharmacy each week bring with them your potential share of a £30m market — in the form of tired aching feet and legs, in-growing toe nails, corns and bunions . . .

The market is growing. It seems that for far too long footcare has been limited to "bad feet" and "functional treatments". There's a definite trend towards a more

healthy approach — emphasising soft and smooth rather than bad and bunioned.

Because of Scholl's high visibility you'd be forgiven for thinking this market is a one horse race. 1987 is looking good for the leading footcare company, but there are other competitors in the field with innovations designed to meet consumers' needs.

## Feet problems — step by step

**B**y the age of 20, most people will have feet problems, say Scholl — who believe nine out of ten adults have painful feet. And as relatively few go to a chiropodist or pedicurist, preventative methods and self-medication are the answer for most.

Some people must never be recommended home treatments but always advised to seek specialist care — those suffering serious disorders such as diabetes or bad circulation and patients taking steroids or anti-coagulants.

Most problems stem from friction and pressure due to perspiration and ill-fitting footwear. Fashion rather than footcare often

rules consumer purchases.

Foot hygiene products, including exfoliating foot cream, and insoles are recommended for those suffering from *corns* or *callous*. Both involve hyperkeratinisation, an accumulation of hard, dead skin — callous when it spreads over a large area, and a corn when it localises and forms a nucleus. Soft corns may appear between the toes because of maceration induced by the trapped moisture. Salicylic acid — in lotion form or on a corn or callous pad or sponge — is a common treatment. And corn blades and abrasive sponges are available for home use on hard corns.

*Verrucae* (plantar warts) are also characterised by hyperplasia of the epidermis, but can be differentiated from corns by the applications of lateral pressure which elicits pain in plantar warts, but not in corns (Application of direct pressure to a corn is painful). Incidence peaks in the early teens, and declines sharply from the age of 16.

Most *verrucae* will undergo spontaneous remission, so treatment can be passive to prevent spread using flexible collodion or active using salicylic acid, acetic acid or glutaraldehyde —containing wart preparations.

*continued on p456*







# *In pride of place*

- ▶ *APS, Your first name in generics.*
- ▶ *Your premier, British manufacturer dedicated to reliable personal service.*
- ▶ *Your strong and independent first choice in a competitive market-place.*

# APS<sup>®</sup>

*Approved Prescription Services*





continued from p453

*Tinea pedis* — or athlete's foot — is a growing problem, according to Janssen, due to social trends toward sports activity and increased usage of synthetic training shoes. Trapped perspiration provides good growth conditions for this highly contagious infection caused by dermatophytes fungi. This produces keratinase which destroys the outer layers of skin causing a rash and perhaps peeling. It is often first evident by an itching sensation between the toes.

Lotion and sprays containing ingredients such as tolnaftate and borotannic complex are among the treatments available. The imidazoles too are effective, particularly miconazole, but they are generally more expensive. The customer should be advised to couple these with hygiene measures and to avoid going barefoot, and to use athlete's foot powder to avoid cross infection.

When tendons rub against bones or ligaments, perhaps due to ill-fitting hosiery or footwear, it can cause an enlarged joint at the base of the big toe, and a *bursa* to form, a fluid-filled sac, which acts as a shock



Scholl toiletries range

absorber. This becomes tender and painful when inflamed. Consumers can be helped by a bunion pad or shield, and should be advised to wear shoes which accommodate the joint.

Most of the problems can be relieved by removing the cause — which is often evident in these listed ailments. And then only if the problems persist will the customer need to seek further medical advice.

## National footage

Newtons are backing their footcare products with advertisements in the national Press this year, and are planning to conduct trade promotions through wholesalers Unichem, Vestric and, for the first time, ICML.

The chiropody sponge (£1.05) and S.F. 35 Odor-free spray (£2.45) will be advertised in papers such as the *Daily Mail*, *Daily Mirror* and *Daily Express* from April through to September, say Newtons, who claim 90 per cent distribution through chemists.

S.F. 35 Odor-free is effective against the bacteria which cause foot odour for up to six months after application in footwear, claims the company, which says it is also effective in fighting athlete's foot. The sponge, which is packaged in a re-usable plastic container, is only suitable for hard corns — removing unwanted skin as well as bacteria, say Newtons. They will also continue to offer Aquaped insoles, herbal foot bathsalts and triple action foot cream. *Newtons Laboratories, 111 Wandsworth High Street, London SW18 4HY.*

# Scholl stride ahead

**S**choll is synonymous with footcare, the company proudly claims, and they are keeping pace with this growing market by expanding the range, and backing it with a £4m support package.

"We have to be the master of many lines," says marketing director Andrew Chater. "Other companies have an advantage when specialising in one area — but we presently have the number one position in all areas in pharmacy, and we intend to keep it that way."

They have diversified their ranges recently — chiefly to attract more young people to the products. It seems to have worked. "We have seen particular growth in insoles and toiletries, driven particularly by the Foot Collection," says Mr Chater. These products introduced last year mark a

movement toward the younger market and general footcare, rather than specific treatments. The range was well received and had editorial coverage in every women's magazine in the country, adds Mr Chater. A new product will be added in the Spring and the range will be supported by sampling, coupon offers, a covermount on *Women's Realm* and advertorials.

The insole range has also been segmented. "Sales of our insoles increased by 55 per cent between 1984 and 1986," says Mr Chater. "We have moved from the traditional air pillow — of which we can claim 99 per cent sterling distribution — to Workday, Fresh Step (for the young and active), Hidden Comfort (for high heel wearers), and children's thermals.

Fresh Step will be backed by a £1m national television campaign throughout May — a completely new execution which aims to communicate product benefits to the young and active. And Hidden Comforts will be advertised in women's magazines between April and October and feature in a couponing offer. Money-off offers on insoles and other Scholl products are already available (C&D Feb 28 p.341). "We feel we are greatly improving our presentation to young people while maintaining our traditional stance," says Mr Chater.

The "traditional" sector can be said to include treatment products, such as corn plasters, callous pads, bunion lotion and shields, and athlete's foot gel. But the

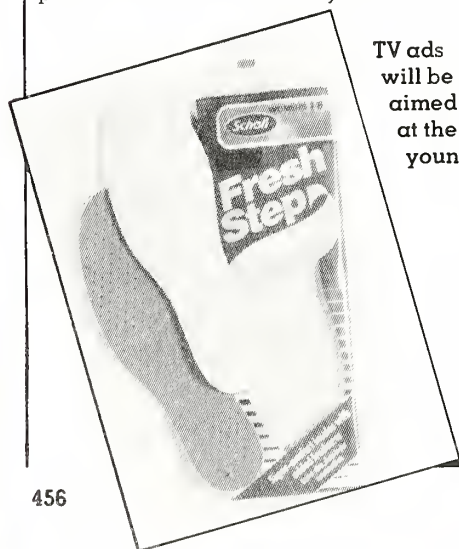
company has no fears that the newer lines will overtake these products. The market is expanding rather than changing. "We expect that sector to stay fairly static," says Mr Chater, "though we do recognize there's room for improvement. We have a continual research and development programme into this."

## Active in footwear . . .

"The sandal range is more contemporary now than it has ever been," says Mr Chater, "and offers a high value sale for the pharmacist." The range has been packaged and expanded and now includes the Active sandal (£25.99) in white and pastel shades with a padded footbed designed to be shock absorbing. It is also available in a two-tone canvas version (£16.99); as well as the Natural sandals — with leather uppers and a pigskin lined footbed (£26.99). They, along with Hidden Comforts and the Foot Collection, will also be part of the £800,000 advertising campaign in major women's magazines, from April through to October.

All Scholl stock is available with POS units (from 63 upwards) and seasonal plan-a-grams for advice on display. And pharmacists are invited to write in for educational material on footcare. "We have invested in packaging and POS material because the range needs to be clearly communicated, so consumers buy all the products related to them." *Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH.*

TV ads  
will be  
aimed  
at the  
young





## A run in pharmacy

Janssen's Pharmacy only Daktarin treatment for athlete's foot has gained over 15 per cent of the market since its launch last year and has become the leading recommended product by pharmacists, says the company.

Designed for fast and long-lasting relief, it's available in a cream (£1.99 15g) and spray powder (£1.99 100g) designed for convenience to spray on feet and in socks and shoes. This year it will be supported by POS cards and units. Counter leaflets titled "Fungi and feet" are also available, say Janssen Pharmaceuticals, Grove, Wantage, Oxon OX12 0DQ.



## Good Evans...more

Evans claim Mycil as brand leader who with 34.8 per cent of the £5.35m athlete's foot market, will be backing their ointment (£0.97) and powder (£1.45) with advertising in women's magazines from May through to September. Evans Medical Ltd, 318 High Street North, Dunstable, Beds LU6 1BE.

## Louis look in

Louis Marcel report good sales in the first eight months of launching their foot care range.

Targetted at the women's beauty care sector, the range includes moisture absorbent foot powder (£1.75), rough skin remover cream, foot cooling lotion and miracle stone (all £1.25) — all packaged in white and mint green bottles and tubes embossed with a foot motif designed to give cosmetic appeal. Distributed by: Nicholas Kiwi, 225 Bath Road, Slough, Berks SL1 4AU.

## Ahh... Foot Spa

Designed for pain relief and relaxation, Clairol's Foot Spa (£21) moves into its fifth year.

It offers a massage with a hot or cold water facility, and has become well established in the gift market, say Clairol. Distributed by: Bristol-Myers Co Ltd, Clairol Appliances Division, The Avenue, Egham, Surrey.

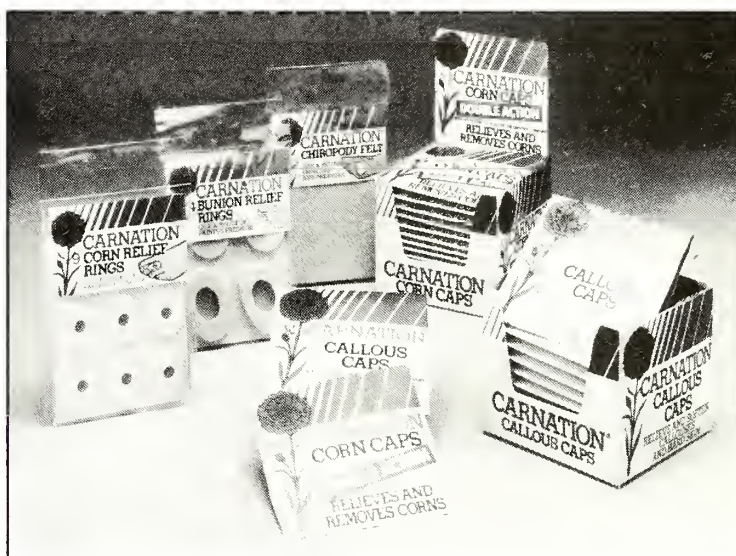
## Not so tame

Combe are backing Trainer Tamers — the Odor-eater insole launched last year — with a £500,000 national television campaign this Summer.

The insoles (£2.49) now have a new facing material to increase durability, and extra foam density to increase shock absorption, says the company, which guarantees the product for the life of the trainers. A "trainer display" unit is available and Combe are offering trade deals this and next month.

They will also continue to offer their

whole range of insoles and foot care products, including the recently introduced Slip-Stops, (£2.15), an adhesive backed mini sole designed to be worn inside high heels. Combe International Ltd, A.M.P. House, Dingwall Road, Croydon, Surrey CR9 2AU.



## To cap it all

Cuxson, Gerrard, who claim a sales increase of Carnation products, are backing the brand with trade incentives and a £100,000 women's Press campaign.

The company, which offers corn and callous caps (£0.62) and chiropody felt (£0.63), will be giving away Carnation sweatshirts with orders worth £42, and Carnation watches with £20 orders, from mid-April. And during May, June and July, quarter page black and white advertisements will feature in women's magazines

such as *Woman's Own*, *Woman's Weekly* and *She*, says the company.

Consumer leaflets on foot problems entitled "Spring into Step", together with technical leaflets for pharmacists, will also be available. And the company will continue its health centre presentations on foot problems around the country, arranged through the *Journal of District Nurses*. Cuxson, Gerrard & Co (Dressings) Ltd, 26 Fountain Lane, Oldbury, Warley, West Midlands B69 3BB.



# Practice standards needed urgently

**Standards of practice in pharmacy need to be established urgently, now that market forces and natural competition are to be removed, in the interests of patients and to gain individualisation under the new contract, Alan Smith, Pharmaceutical Services Negotiating Committee chief executive, told the Institute of Pharmacy Management International at its conference in Majorca last week.**

The Department of Health feels it is premature to ask for individualisation in the contract — which is what PSNC hopes to achieve — before standards of professional practice have been set, because until then there will be no yardstick by which to judge whether or not payment should be made for services offered.

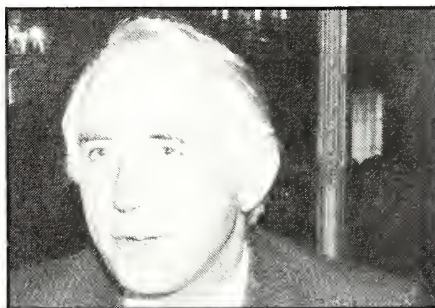
Mr Smith hopes the new contract will encourage good standards of practice in terms of premises and advisory role, in particular, and it is in these two areas that he sees individualisation of contract as important. With the current remuneration system, there is no encouragement to offer professional services — a pharmacist who spends time counselling patients gets the same amount per script as the one who simply dispenses the scripts.

Indeed, said Mr Smith, pharmacists try to beat the average by devoting as little space, staff and money as possible to dispensing, which accounts for around 70 per cent of their income.

Similarly, the 8p for every script dispensed intended to contribute towards the cost of a second pharmacist is paid whether or not one is employed.

In order to take on an extended role, pharmacists will either have to spend less time in the pharmacy — implying a relaxation in supervision — or they will need a second pharmacist. Mr Smith sees anything other than a minimum of relaxation of supervision as detrimental to pharmacists' professional status. He feels that every script should have pharmacist input of some kind.

PSNC also hopes to replace the Basic Practice Allowance with a Good Practice Allowance, that will reward the advisory role. PSNC advocates that the practice allowance should be based on a merit system and points would be allocated dependent upon identifiable objectives



PSNC's Alan Smith

such as: space dedication; adequate reference library; attendance at postgraduate education courses, including distance learning courses; dissemination of health education to the public and other health professionals; availability of diagnostic aids, such as pregnancy testing, blood pressure monitoring, urine analysis, and computerisation which could lead to patient medication records, drug interaction files, etc.

## Generics suffer as prices fall

**The emphasis on pushing down the price of generics could have damaging effects on pharmacists' remuneration in the medium to long term, and shopping around for the best buy could damage patients' confidence in pharmacies, according to Keith Hemingway, managing director of Approved Prescription Services.**

He warned pharmacists that as the percentage of generics dispensed increased remuneration levels could suffer. The trend with many generics has been for the price, and hence the Drug Tariff price, to fall significantly as their use rises, and if this is allowed to continue Mr Hemingway said pharmacists will find their profitability suffering.

Mr Hemingway argued that pharmacists should buy their generics mainly from one reputable supplier in the interests of consistency of appearance and quality. Short line wholesalers tend to stock the cheapest products and do not often guarantee consistent appearance, Mr Hemingway said. There are good and bad generics as there are good and bad

branded products, he said. But generics can have the benefit of being produced using modern formulation methods and can in some cases be better than branded products which have been on the market for some years.

Pharmacists should look more closely at generic suppliers before deciding to buy. They should, for example, ask where products are manufactured, how they are stored, whether the supplier has product liability insurance, arrangements for recall and quality control as well as credit and marketing support.

Donald Ross contested that generic suppliers have only price as a selling point for their products and so pharmacists are encouraged to use that as the criteria for buying. He also asked why APS supply short line wholesalers. Mr Hemingway argued that his company sells on service as well as price. Sales to short line wholesalers make up less than 5 per cent of APS sales "and we would like it to be zero," he said, but it is difficult to control where product goes, because of the amount of inter-trading going on.

If nothing is done to stop the downward spiral of generic prices and therefore profits, Mr Hemingway fears that in as little as five years the generic manufacturing industry in the UK will disappear. Already manufacture of generic products in the UK is stopping because it is not economically viable as prices are so low.

Savings to be made from using generics are insignificant compared with the wealth generated by branded medicines, Roger Newton, co-ordinator of the Wessex Pharmaceutical Group, told the conference. The problem with generics lies in their impact on economics and patients, Mr Newton claimed. Generics do have a place and can be used as long as they are used carefully. There are known problems with switching products such as anti-epileptics, where it is important to use one brand for a particular patient. However, whereas branded medicines have a major role to play in earning money needed for the economy and health service, use of generics will make a relatively small saving.

The way ahead, Mr Newton argued, is to extend patent life to encourage brand manufacturers.

Mr Hemingway agreed that patent life and should be extended and that the licence of right provisions should be withdrawn. It is in the interests of the generics industry that brand manufacturers should be encouraged to produce new products, after all, said Mr Hemingway, the brands of today are the generics of tomorrow.

But he contested that the savings to be made by using generics are significant.

*Chemist & Druggist 14 March 1987*



## Drug safety for all

Drug safety is too important an issue to leave to just one profession. Professor Sir Abraham Goldberg, recently retired chairman of the Committee on Safety of Medicines, told the conference.

Sir Abraham, who was CSM chairman from 1980 to 1986 and is Regius Professor of the practice of medicine at Glasgow University, is convinced that community pharmacists as well as hospital pharmacists will have a role to play in helping monitor adverse drug reactions. He also sees the public as having a part to play, and in that respect Sir Abraham believes that educating patients about the problems and risks of drug therapy is important in increasing compliance.

Indeed drugs are still not immediately considered as possible causes of adverse symptoms suffered by patients. Sir Abraham has himself worked hard to tell medical colleagues to bear in mind that



Professor Sir Abraham Goldberg

symptoms such as jaundice, rash, etc, can be drug related as well as having other causes. Another aspect of this which has come to light recently is that AIDS patients react adversely to a wide range of drugs.

Sir Abraham believes that not enough use is made of new technology to monitor drug usage and ADRs but that towards the end of this century and the beginning of the next, much more will be made of computerised records, for example.

The popular Press are seen by Sir Abraham as a useful ally in helping educate the public about adverse effects of drugs. He does not subscribe to the view of one conference delegate, that the Press have pressured the licensing authority into hasty decisions about drug withdrawals.

## A two tier profession?

Some pharmacists may not be capable of assuming the extended role envisaged by Nuffield, and they should be distinguished from those who are by the introduction of a second type of pharmacy qualification.

That was the suggestion made by Bernard Hardisty, governor of the College of Pharmacy Practice and a director of Sterling Winthrop Group, who said those who were capable of the extended role should be eligible for the higher status of "pharmacy practitioner".

Mr Hardisty told the conference that the CPP might be the body to take responsibility for the higher qualification.

A second pharmacist in a high script volume pharmacy would be an ideal candidate for the "pharmacy practitioner" qualification, and would be well placed to fulfil those extra duties envisaged by Nuffield, he said.

# WYETH the generic name for quality

If you want the best in generics, there's only one name to choose. Wyeth

### Wyeth quality

Supplied to the highest standards by a major international research and manufacturing house

### Wyeth service

Efficient sales support and comprehensive technical back-up

### Wyeth range

A constantly expanding range of generics from the one supplier

### Wyeth availability

What you want, when you want it — only a phone call away

### Wyeth confidence

Wyeth: the name you can trust in generics

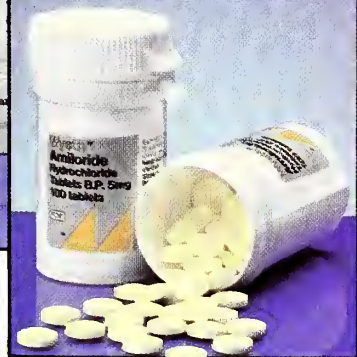
For further details and prices, phone our 'hotline' 06286 4377 ext 4519, or contact your local representative.

# WYETH<sup>\*</sup> GENERICS

UNPARALLELED QUALITY

<sup>\*</sup>trade mark

New addition to  
the generic range





## Choose and use P medicines

Pharmacists need to support pharmacy only medicines or some may start to fade away. John Wells, executive director of the Proprietary Association of Great Britain, warned.

Pharmacy only medicines often have a small turnover and cannot therefore support large advertising budgets. And the limited list has meant that advertising the products to GPs for prescription is no longer possible. This method of promotion was cheaper than advertising to the public and was an effective way of getting products known to the public, Mr Wells explained. Without promotion to the public there is little chance for sales of these products to grow; it is therefore necessary, Mr Wells argued, for the products to be displayed or, even better, to be put out so that customers could examine the products and then go and ask the pharmacist about them.

Mr Wells said he was not advocating self-selection. And he could see no problem with supervision. Indeed, he believes that displaying the products would result in more advice being sought and given. After all, Part I poisons used to be displayed on counters, he said. There's nothing in law to stop pharmacy medicines being displayed, Mr Wells said, only the Code of Ethics: "We have created the problem ourselves," he said.

Mr Ross commented that the abuse of some OTC medicines, which was on the increase, meant it was necessary to withhold selectively some OTCs from certain people.

Tim Astill stressed the need for pharmacists to get behind products sold



Peter Worling, Vestric's MD

exclusively through pharmacies. "If someone likes it, they will have to come back to a pharmacy for it. If you don't choose and use pharmacy only products, you will lose pharmacy only products," he said.

Mr Wells also presented some interim results from the first half of a 12 month study commissioned by PAGB into consumer practices in health care. The study — which began in March 1986 — showed that 90 per cent of symptoms of minor illness suffered in a two week period had been experienced before. Almost half (46 per cent) of those interviewed so far (609 adults and reports on behalf of 165 children under 15) with 2,909 ailments, did nothing; 27 per cent used a non-prescription medicine; 10 per cent used a home remedy; 12 per cent saw a doctor or dentist, and 13 per cent used a prescription medicine already available. The total is 108 per cent because some respondents took more than one course of action.

Some 84 per cent said they were satisfied with their medicines; only 2 per cent were not at all satisfied. The proportion of people satisfied with their medicines was highest for products for headache and indigestion. Further results from the study are to be released later.

## When big is beautiful

Wholesalers may soon be facing further constraints on their profitability; and if they want to stay competitive, big will have to become beautiful.

That is how Vestric's managing director Peter Worling sees the future of pharmaceutical wholesaling. He fears that the National Association of Pharmaceutical Distributors' hopes for a favourable report from the Pharmaceutical Distribution Working Group, due at the end of this month after further delays, will not be realised.

The NAPD hoped that with the extent of the inquiries it would end up with measures that would put all to rights — particularly with regard to short line operators, and the large number of wholesale dealers' licences and small number of comprehensive wholesale warehouses. But the feeling is, Mr Worling said, that the net result will be a 2 per cent reduction in the wholesalers' margin and that there will be a knock-on effect for community pharmacy, "which will once again suffer more than it ought to".

Mr Worling also pointed out the misconception that the size of wholesalers' discounts to customers are related to their profit. In reality, he said, the discounts are related directly to the reduction in operating costs, which, as a percentage of sales, have risen from 3.7 per cent overall in 1981, when operating costs were around 9.9 per cent of sales, to 6.0 per cent in 1985 when operating costs were about 5.8 per cent of sales. With the advent of Original Pack Dispensing, Mr Worling expects operating costs to have risen 0.2 per cent to an estimated 6 per cent of sales in 1986.

The investigation into the provision of pharmaceuticals to health authorities could also have important implications for the wholesale industry. Mr Worling feels the report has made its conclusions using some misconceptions about distribution and supply of pharmaceuticals, and he is worried too that decisions seem to have been made on purely economic grounds. Dr Shirley Ellis, RPhO, East Anglian Regional Health Authority, suggested that the best way to resolve the problems of trying to save money in this area was for manufacturers, wholesalers and the health service to meet and agree a deal which benefitted everyone.

For the future, Mr Worling believes that economic pressures would mean that wholesalers would have run larger units to increase efficiency and make further



David Mitchell, (left) from the Pharmacy division of Janssen Pharmaceutical, with his colleague Ellie Hughes contrasted the promotion of Arret and Daktarin. He also told the conference of plans to run a double-blind trial in pharmacies comparing loperamide with kaolin and morphine. Malcolm Almond (centre) chaired the conference sessions and on the right is John Wells from PAGB



savings, and to remain competitive. Similar pressures could also be exerted on pharmacy which may lead to three types developing: "chain retailers" with significant front shop area and large retail sales; the "average pharmacy" with a mixture of dispensing and retail turnover, who will need to be part of a symbol group offering vigorous promotions, and the third type will be the "professional pharmacy" giving a local service particularly to the elderly within a residential area and may or may not be part of a symbol group.

As well as becoming larger and more efficient and backing community pharmacy, Mr Worling believes wholesalers will have to continue to invest in new technology to maintain levels of service. But he doesn't see wholesalers buying up chemist shops to build business.

One delegate wondered whether with all the cost-cutting, wholesalers were not risking being occasionally out of stock of urgently needed medicines. Mr Worling thought not. In fact, an effective service could be run with fewer depots, he said. At the moment, Vestric are experimenting

with a more powerful computer system for the pharmacy — the DRS system — which will allow orders to be switched from one Vestric depot to another in the same area, should the first be out of stock. The system would work by using groups of three depots, so that deliveries could still be made in one day. If pharmacists like this system, Mr Worling thinks it could be operating in six months or so.

## Buy early in rural moves

**Financial help from the National Pharmaceutical Association may be at hand for those considering opening a pharmacy in a rural area so that premises can be bought at an early stage of the application procedure.**

Mr Tim Astill, NPA director, said he was sure that the NPA or the Pharmacy Mutual Insurance Company would look sympathetically at such cases and he

looked forward to the first application. The comment came in reply to Kenneth Grace-Dutton, who said that since the profession was keen to open pharmacies in dispensing doctor areas, the profession should support financially some early test cases.

Mr Astill was speaking after a presentation by Donald Ross, proprietor pharmacist and member of the Rural Dispensing Committee, about pharmacy in rural areas after the new contract.

Mr Ross stressed that it was important for pharmacists to do their homework before putting in an application to the FPC.

He explained that there had been cases of pharmacists who had struggled successfully through the application procedure only to find, at the end of that six or 12 month application processing period, that they had no premises available to open because they had been 'gazumped' — in one case this had happened three times. He advised pharmacists to take up a lease or buy premises early in the application procedure.

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## Surprising extent of pharmacists' liability

The extent of pharmacists' liability may be surprising, especially in the light of recent and current events. National Pharmaceutical Association director Tim Astill told the conference.

Pharmacists who sell things have been potentially strictly liable since the Sale of Goods Act became law in 1983. In the absence of a valid exclusion clause, the seller is liable if those goods are not of "merchantable quality", ie are not fit for the purpose for which goods of that kind are normally sold. The seller similarly warrants that the goods will be fit for any particular purpose for which they are sold and also that they will correspond with any description applied to them. All this is fundamental to the contract and applies whether or not the seller knew of any defect, that is irrespective of the seller's fault. The pharmacist may be able to pass his liability back down the contractual chain of distribution via the wholesaler to the manufacturer provided he can prove the existence of a prior contract.

There are some quite severe and interesting restrictions on this liability. When a contaminated medicine is sold, the purchaser will be entitled to compensation if he or she suffers ill-effects. But if that medicine is given to the purchaser's spouse or friend, there will be no privity of contract between that consumer and the pharmacist, no contractual liability and no entitlement to compensation, Mr Astill explained.

Liability under the Sale of Goods Act applies to defective medicines dispensed on private prescriptions because that is legally regarded as a contract of sale. But dispensing a National Health Service prescription is not held to be a sale. So a patient injured by medicine supplied under the Health Service cannot claim compensation for breach of contract and must look elsewhere in law for a remedy.

The commonest tort, or civil wrong, for which a pharmacist is likely to have to pay compensation is negligence. A plaintiff suing for compensation for an alleged negligent act must prove that there was a duty of care on the part of the person they are suing, ie, was there a sufficiently close relationship between plaintiff and defendant for the damage to be reasonably foreseeable? Then the plaintiff would have to show the defendant breached that duty, ie, whether he was at fault.



Tim Astill, NPA director

It is often difficult for a consumer to prove that a manufacturer has been at fault. That is why there has been so much pressure to introduce a system of strict liability under which manufacturers will be liable whether fault can be proved or not.

There is some controversy here about the position of the pharmacist dispensing medicine under the Consumer Protection Bill, which includes strict liability, on its way through Parliament at the moment. Commonly, the only name and address to appear on the container or package in which the medicine is supplied is that of the dispensing pharmacist. Does this mean that the pharmacist will be regarded as the "producer" and therefore held strictly liable? Ministers and senior civil servants at the Department of Trade & Industry say not, but many others including the NPA solicitors and the law department staff at the Pharmaceutical Society, believe that there would be a risk.

Thirdly, the plaintiff has to prove that the fault caused the injury for which compensation is being claimed. This need to establish "causation" will continue even under strict liability and, again, it may pose difficulties for consumers.

Mr Astill went on to discuss criminal liability. The general rule in English law is that a person can only be found guilty of a crime if they can be shown to have intended its commission or to have been reckless as to whether the crime was committed or not. In other words, the accused must be shown to have had a guilty mind or "*mens rea*".

A dramatic illustration of strict criminal liability was given last year in the case against Storkwain Ltd.

It was found that the company had supplied a POM on a forged prescription which the pharmacist had believed to be valid. The charge was dismissed on the presumption that "*mens rea*" applied to the prohibition in Section 58(2)(a) of the Medicines Act 1968. However, the prosecution appealed successfully and the Storkwain decision is now law. So a pharmacist who dispenses a forged prescription for a POM is guilty of an offence, even where he had absolutely no reason to doubt that the prescription was

genuine at the time he dispensed it.

Pharmacists are also subject to professional liability. Most pharmacists do their job and perform their professional duties to the best of their ability. In Mr Astill's view professional misconduct requires some element of moral wrongdoing, wilful disregard for the interests of a patient, something which other pharmacists would regard as morally unacceptable.

A pharmacist may thus be strictly liable (ie liable without proof of fault), under the law of contract, in negligence, criminally and professionally.

In English law there is no limit to the amount of damages which a court can award, so it is essential for those at risk to be adequately insured. But as everyone is well aware insurance premiums have been rising sharply over recent years. Mr Astill felt that there may be a much more defensive approach taken by manufacturers in the future, with extensive warning labels on packs. The problem would be ensuring that such warnings could be fully understood by patients.

It may be that in the future manufacturers will be unable to obtain insurance under a system of strict liability. It is for that reason that the NPA has suggested a State underwritten system of catastrophe insurance.

## Danger of dual price controls

Price control of medicines by direct regulation through the Pharmaceutical Price Regulation Scheme as well as through price competition, as exists in the UK, is a potentially dangerous economic situation, according to Professor George Teeling-Smith, director of the Office of Health Economics.

The situation is similar to that with the railways, he said. Originally they were run by private companies. However, in 1889, price control was introduced to prevent alleged abuses of monopoly power. Professor Teeling-Smith said that these controls arguably led to the eventual nationalisation of the industry because it was so constrained by legislation that it could no longer compete.

Professor Teeling-Smith argued that price competition in the US has resulted in the amount of health expenditure spent on medicines falling from 12.4 per cent in 1965 to 8 per cent in 1979. But in Britain, medicines have accounted for around 10 per cent of health expenditure from the 1950s to the present day.



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# AIDS: an opportunity lost by pharmacy?

**The Pharmaceutical Society is to consider ways of co-ordinating its approach to AIDS.**

At this month's Council meeting Mr Alan Nathan said AIDS was the most important factor in the health care field to have arisen for many years. The Pharmaceutical Society, in his view, had failed to respond adequately to the challenge of the disease. Its action so far had been piecemeal, and had consisted merely of a response to the situation with which it had been confronted. No initiatives had been taken, and the Society had no coherent general policy of its own.

The Society was in danger of being left behind by other professions and health care agencies which had already instituted positive programmes. AIDS offered pharmacy the opportunity not only of putting its expertise and availability at the service of the public, but also of promoting pharmacy as a first-line health care profession.

Mr Nathan said there was a need for a permanent subcommittee to co-ordinate all the Society's activities with respect to AIDS, and to initiate a programme for the future. He moved that an AIDS subcommittee should be established, and Mr J. Myers seconded the motion.

Mr J. Balmford believed there was no need for a special subcommittee. Dr Maddock said that it was difficult to see what it would actually do. The president thought the proposal was merely a vehicle for saying a coherent approach was needed.

On the suggestion of Mr G. Walker, Council agreed that the matter should be referred to the officers for them to decide how it should be co-ordinated, and Mr Nathan withdrew his motion.

**Objection to horse wormers proposal.** The Society is to object to a Ministry of Agriculture proposal that the list of horse wormers that may be sold by saddlers should be made permanent.

The Legislation Committee recalled that the saddlers' list had been set up as a temporary measure for a maximum of three years from January 1, 1985. The Society had objected to its introduction at the time.

The Committee noted the Ministry's view that the arrangements had worked well, but agreed that the Society should object to the permanent extension of the present arrangements. The point was made that if all horse wormers were "P"

medicines, it would encourage pharmacists to sell them.

When the matter came before Council, Mr N. Wood said that, although full figures were not available, it appeared there were more accounts among veterinary wholesalers with pharmacies than there were premises on the saddlers' list. That suggested there were more pharmacy outlets for horse wormers than there were saddlers. Pharmacy could meet the demand if given the opportunity.

**Pharmacy practice subcommittees.** The secretary reported it had been agreed that the Pharmaceutical Society would be the nominating body for non-contractor pharmacist members of pharmacy practice subcommittees in Scotland.

Nominations for the national appeal panel for England and Wales had been received, and some 50 names would be passed to the Department of Health, which would choose 40. In rural areas applications would be dealt with under the RDC procedure before going on to the pharmacy practice sub-committee procedure.

**Scottish Statutory Committee rejected.** The Council has rejected a suggestion from a Scottish pharmacist for a separate Statutory Committee for Scotland or Statutory Committee hearings in Edinburgh.

Noting the pharmacist's comment that Scottish pharmacists would be deprived of the possible third verdict of "not proven" under Scottish law, the secretary said it was important to distinguish between criminal proceedings and inquiries by professional bodies into professional behaviour. The Statutory Committee considered two types of cases — allegations that a pharmacist had been convicted of a criminal offence, and allegations of misconduct. Statutory Committee inquiries were not criminal proceedings but investigations into whether a pharmacist had been guilty of professional misconduct.

In Scotland, any person tried for a criminal offence in the courts faced three possible verdicts — guilty, not guilty, and not proven. Not proven was not a conviction, and so would not automatically be reported to a professional disciplinary committee. Allegations of misconduct were not affected by whether the pharmacist practised in Scotland, England or Wales. If the Statutory Committee decided there had been misconduct on the

part of a pharmacist living in Scotland, he could appeal to the court of session in Edinburgh. One member of the Statutory Committee had to be a pharmacist resident in Scotland.

**Liability under Consumer Bill.** The Society is seeking discussions with the Department of Trade and Industry to establish the limit of the pharmacist's liability under the Consumer Protection Bill. The Legislation Committee expressed concern about pharmacists supplying dispensed medicines labelled with the name and address of the pharmacy. It was felt it should be made clear in the legislation that, except in the case of extemporaneously dispensed medicines, the pharmacists should not automatically be held liable as the producer in such circumstances.

**Trade marks code.** Council is to endorse a draft code of practice for pharmaceutical trade marks, drawn up by the British Pharmacopoeia Commission, subject to a number of amendments. The proposed code aims to prevent the use of confusing or misleading qualification of trademarks by detached words, letters or numerals, to prevent the use of trademarks too closely related to generic names, and to discourage "branded generics".

**Standards in pharmacies.** The Society has agreed that the general question of standards and their possible incorporation in NHS Regulations should be discussed at the next meeting with the PSNC.

**Contribution to ethical committees.** The view that pharmacists have a useful contribution to make on ethical committees is to be conveyed to the British Medical Association at the Society's next meeting with the BMA.

**Insurance up.** The 1987/88 premium payable by members of the Society's professional indemnity insurance scheme is to be £32.50, an increase of £1.50 on the 1986/87 rate.

**PINS extended.** Council has approved the further development of the Pharmacy Information and News Service (PINS). The Registrar of Premises is to be made available on PINS shortly. Council has also agreed to appoint a PINS manager.

**Drugs recall procedures.** A letter is to be sent to the DHSS chief pharmacist, Dr B. A. Wills, expressing concern at a delay in meeting to discuss drug recall and warning procedures.

**Action against slimming clinic.** The Society is to institute legal proceedings against a slimming clinic which had supplied a Controlled Drug, Duromine 15mg, by post to a member of the public.

**PR meeting.** The Society is to hold a meeting to bring together branch public relations officers and other pharmacists to discuss public relations for the profession.



## GPs . . . reluctant to liaise?

Doctors are reluctant to co-operate with pharmacists, because they fear pharmacists would use the opportunity to extend their responsibilities (Doctor, March 5).

Plans for liaison committees between the two professions have the support of the General Medical Services Committee, the Pharmaceutical Society, and the Royal College of General Practitioners (C&D January 24, p146). However the reception at grass-roots level has been cool. GPs feel they do not have much to learn from pharmacists, and know more about pharmacokinetics because they have greater access to post-graduate courses. Some local medical committees feel that formal groups are not necessary, and pharmacists and doctors are continually in touch with each other anyway.

Instead LMCs want district drug and therapeutics committees which combine hospital and community doctors and pharmacists to settle a common prescribing policy for the area. This idea had the support of regional pharmaceutical officers in last month's report on pharmaceutical services in England.

## Animal market shrinking?

All animal health distributors, vets, pharmacists and merchants, will have to do a more professional job in the future to make a reasonable living from what could be a shrinking market.

This was one conclusion of a little crystal-ball gazing by vet John Crookes at the second annual conference of the Animal Health Distributors Association in Birmingham last week. Mr Crookes saw two major problems.

The first was the power, particularly in Europe, of "vocal, frequently ill-informed minorities to cause politicians to ignore scientific evidence". He cited last December's banning of all hormones, including naturally-occurring, or growth promotion. "It looks as though the legislation will claw into the restrictive net a number of hormonal products used by veterinary surgeons for purely therapeutic purposes," he said.

Mr Crookes' other major concern was that the farmer himself was going to become more discerning, not only because the cost of medicines is likely to rise in line with the need for more safety checks, but also because long "withdrawal times" before milk and meat from treated animals can be used.

"I suspect that some of the older remedies will disappear when evidence to support the present licence of right is called for," he said. Medicine suppliers will be faced with a more restricted range of products, probably more effective, but more expensive to the user.

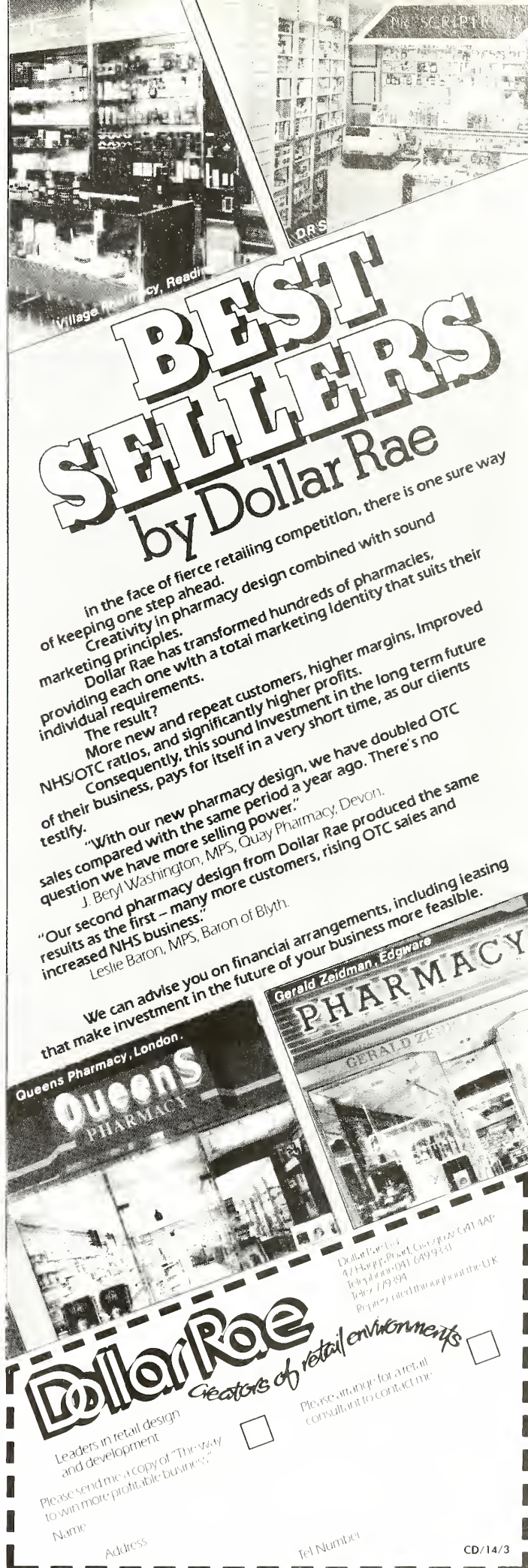
## Go-ahead for Retrovir

The Department of Health has granted The Wellcome Foundation a product licence for Retrovir.

The antiviral agent has been approved for the management of serious manifestations of HIV infections in patients with AIDS and AIDS-related complex. Initially, supplies will be available only to physicians experienced in the management of patients with serious HIV infection.

The average cost of a year's treatment will be £5,000 per patient (100 capsules, £143.25). Wellcome say that from May, sufficient product should be available to treat patients in many countries including the UK, and that the supply should improve considerably by the end of the year.

Chemist & Druggist 14 March 1987



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## On the nail . . .

Xrayser has hit the nail on the head about the total irrationality of the High Court's decision over Septrin/Eusaprim.

NHS costs are in no way at issue — this is a simple case of chemists gaining at the pharmaceutical industries' expense because of a crazy system that is of their own making. It is simple prudence in any business to buy at the most attractive price and sell at the highest price commensurate with successful trading. In our NHS contracts, not only do we have no control over the sale price, but over and again we have been penalised by a department zealous to get its hands on the fruits of our own prudence and efficiency.

I would agree that if our morals are suspect, then so too are those of the NHS and the industry, in what is an unseemly three-cornered scrap for the largest piece of the cake.

The only thing I don't understand is why Xrayser doesn't use PIs, as all his arguments mitigate in their favour.

**M.K. Shah**  
Waltham Cross.

## Richardson's discount

John Richardson Computers Ltd are to offer National Pharmaceutical Association members 10 per cent discount off all labelling systems to replace the rebate previously given when your system was "recommended" by the Association.

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All systems are available for immediate delivery, and can be installed by a trained demonstrator for a trial period of two weeks. After purchase, the buyer has a

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**John Richardson**  
*Managing director, John Richardson Computers Ltd*

## Information is key to pharmacy!

We are starting to live through the first phase of a new era in communications. Pharmacy is grasping this potentially powerful tool with both hands to the benefit both of the profession and the public.

However, when it comes to domestic affairs, we live in a bygone age. We have correspondence about Council living in "ivory towers" and the need for costly referenda. Also letters about the need for candidates in the forthcoming Council elections to communicate only in the official election papers. What restraints! Has it not been shown over the past few years that pharmacy is not an island?

Not only must we communicate as much as possible within our profession, but we must actively pursue communication and understanding of the world outside — "the real world". We must persuade the profession that communication is the presentation of facts and fears (real and imagined) to as many as possible, as often as possible, and in as many ways as possible.

Down with the old prejudices and restrictions and let us use the new technology to widen understanding, both internally and in pursuit of one of our new roles of 'information providers' to the health care professions and the end user — the public. The public's expectation is growing by the minute.

The better the communications, the greater the deliberations and the wiser the decisions.

**Douglas Davidson**  
Blairgowrie, Scotland

## No resignation from BPA head

Thank you for reporting my decision to stand for Council (last week, p424).

A number of British Pharmacists Association members, while wishing me well, have kindly expressed concern that I may resign from the BPA Executive, as Mr Nathan felt he had to do last year. Their support is appreciated, as is their evident apprehension now that the new contract may be imminent. With the consent of Jayanti Patel, general secretary, and my executive committee, I wish to make it very clear I shall remain as chairman and, more importantly, I shall continue to fight for the rights of my members and all the small people.

Those who support BPA will always be in my thoughts. If there was a conflict between my Council duties (if elected), and those of BPA, no one should assume I would resign from BPA instead of Council, as the personal status or whatever associated with being on Council comes very low in my personal priorities. I believe in justice for the people who have faith in me, not self-seeking status. The honourable course, in my opinion, would be to continue to represent my members who have stood by me in the most effective body.

Within the next 14 days, BPA will issue a detailed breakdown of how the new contract, if implemented — and at the moment our lawyers, with the financial backing of BPA members, are investigating various possibilities — would affect our members.

BPA does communicate, Mr Dudley (last week, p396). I note you have taken up and agreed with my recent comments in the *C&D*. There is an absolute duty and responsibility on those in power within any body to ensure members are fully informed and able to take an effective part in the two way communication process leading to important decisions. Those at the top — elected and executive — have the greater onus of care and must do the work to ensure dialogue.

**Charles Flynn**  
Chairman, BPA.

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## Cystitis study

I would like to comment on the article on OTC treatments for cystitis by Professor Alain Li Wan Po (*C&D* January 17, p86).

The incidence in females of 10 per cent which is quoted, presumably refers to the annual incidence. About 50 per cent of women will suffer from cystitis at some time in their lives. In one survey just over a fifth of women had experienced symptoms of cystitis in the previous year and only 10 per cent had consulted their doctor.

It is suggested that patients seek advice from the pharmacist because of treatment failure with prescribed medication. By far the majority seeking such advice will do so instead of visiting the doctor and not due to failure of prescribed treatment.

Half of all patients have no demonstrable bacterial infection and over 75 per cent of those infected will be due to *E.coli*. One clinical study of sodium citrate has shown symptomatic improvement in 91.1 per cent of patients, and of those initially infected who had repeat MSU's more than half were clear.

The Cymalon pack clearly warns patients with any condition in which a sodium overload might be detrimental, to consult their doctor.

The requirement of sufferers for advice is highlighted by the response to the setting up of a cystitis information service which has received over 1,500 leaflet requests in a month. Professor Asscher pointed out in 1981 that in the management of frequency and dysuria, "Emphasis should be placed on prophylactic health education and self help".

The responsible marketing of products which provide effective symptomatic relief, linked with advice on self-help, can usefully aid the GP and pharmacist in the management of this common problem.

Professor Li Wan Po concludes in his article that "cystitis attacks are highly distressing but the condition usually resolves with no serious sequelae". Surely any distressing condition merits relief and conditions without long term complications are those most suited to self management with OTC products.

**Dr Sandra J. Savage**  
*Sterling Health*

## ... and the pharmacist's role

I would like to make the following points in response to the letter by Dr Savage.

I do not wish to dispute her figures about the incidence of cystitis, but they are



Pharmacist Brian Rhodes and his staff are the first winners of one of the top "Staff Chance" prizes, part of Unichem's Money Maker promotion. Mr Rhodes (left) of Rhodes Chemist, Blackpool, is pictured here receiving his £250 prize from Unichem's Preston general manager Joe Harris, along with the staff (left to right), Elizabeth Fletcher, Joyce Lee and Dorrie Birbeck

based on one study only. Other studies have come up with different figures. An estimated annual incidence of 10 per cent based on the published studies seems reasonable.

The suggestion made by Dr Savage that patients with cystitis seek advice from pharmacists and self-medicate rather than consult their doctors is likely to be true only for recurrent attacks. I did not wish to infer that all patients seeking advice from pharmacists do so because of treatment failure. All I indicated was that patients might do so.

The clinical study quoted by Dr Savage was an open trial in which patients likely to suffer from a bacterial infection were excluded. Such exclusions, while being useful for the purpose of the clinical trial, meant patients who were more likely to undergo spontaneous remission were selected. Anyway, I am surprised that so much credence is still placed on the results of such open studies on self-limiting conditions when so much is now known about the power of the placebo effect. A better trial would have included a placebo or at least a control group.

One of the main points I wanted to make in my article was that currently all OTC medications for the treatment of cystitis have benefits poor enough to suggest that they are perhaps not worthwhile.

The pharmacist should be given the chance to exclude bacterial infection in much the same way as the clinicians who conducted the trial quoted by Dr Savage did. If this is not done perhaps as many as one third to a half of all cystitis patients would be receiving suboptimal therapy in the form of citrate salts. There may be a place for such salts but nowhere as big as the advertisers would suggest. Pharmacist intervention is highly appropriate in this instance.

**Prof. Alain Li Wan Po**  
*Queen's University of Belfast.*

## Nothing at all to do with us

The British Pharmacists Association has no knowledge, interest or connection with the telephone marketing questionnaire on the new contract being conducted by some organisation. I confirmed the BPA has never considered making such an approach to colleagues.

It is our view that most pharmacists would not wish to discuss their NHS business with anonymous telephone callers or even with other colleagues. Furthermore, such a market survey could only be of limited value, as, for example, questions are frequently phrased in such a way that answers affirm the preconceived notions of the instigators.

However, it is readily accepted within the profession that the new contract is primarily designed, despite words of reassurance coming from the Pharmaceutical Services Negotiating Committee, to "kill off" substantial numbers of small pharmacies, particularly corner shop chemists, along with the opportunities for many young pharmacists to set up on their own. We know this! A market survey would just confirm it.

Some within the profession have hailed the new contract "as a great victory". A victory for whom: the Government? More discerning pharmacists, or should I say less biased pharmacists, know that it is only welcome to large contractors and to those with blinkered vision; those pharmacists who are prepared to connive with a Government determined to take money away from pharmacy at undue cost to the profession and to snuff out small pharmacies in the most condescending fashion. How can these people belong to a caring profession?

**Charles Flynn**  
*Chairman, BPA*



# New firm moves into sterile products market

**A new company, Waverley Pharmaceutical Ltd, has been set up to specialise in the contract manufacture of sterile products.**

Three new initiatives were announced to coincide with the launch of the company: a £2m investment package, the appointment of ex-ABPI OPD co-ordinator, John Sharp, as technical director, and the acquisition of Steripack, manufacturers of irrigation solutions.

Managing director Howard Rose, said the company's sales potential had enabled it to raise the initial investment capital very rapidly. Waverley will produce single-dose packs to meet the trend to tamper evident

and original pack dispensing, and plan to upgrade the Steripack operation at Runcorn with "significant investments".

Chairman of the new company is Dr Brian Cromie, retiring director of Hoechst UK. Other members of the board are financial director, Adrian Whittaker (previously with Boehringer Ingelheim) and non-executive director, Bill Muddyman, (Director of business development for Coopervision Inc.).

Waverley will also offer customers assistance with product and packaging development and be able to produce tailor-made supplies for clinical trials. *Waverley Pharmaceutical Ltd, Goddard Road, Astmoor, Runcorn, Cheshire.*

## Plastics the way ahead for Beatson

**Beatson Clark, the glass container makers, have continued their climb out of the red, adding £90,000 to profits for the latest financial year.**

For the year ended December 1986, the company made pre-tax profits of £1.27m, compared with £1.18m the year before. In 1984 they suffered losses of £434,000. Turnover was slightly up from £34.4m to £34.6m. Beatson Clark spent the year building up investments, including £1.5m in a new blow moulding plastic bottles business and £3m on United Moulders Ltd — who make plastic injection mouldings and plastic bottles for toiletries — in December.

Chairman David Clark says the company wants to be well placed to supply traditional pharmaceutical packaging as well as more plastics. But he foresees the plastics businesses bringing turnover up from £2m in 1986 to over £10m for the current year.

## Shopping trends

**Longer shopping hours and more polarisation between superstores and small local shops are the trends for the future, says a new report.**

Introducing their new Retail Intelligence analysis, market researchers Mintel say the changing face of retailing has meant a change in survey methods — looking at product categories "laterally"

instead of "vertically" at various types of outlets. "How should one classify Boots now?" asks head of research Frank Fletcher. "The government categorises it as a large mixed retailer, but it is also the leading chemist store in the UK, the leading retailer of home brewing equipment, and a major player in retailing camera products and photo services".

In a report on department stores, Mintel say one in three of Britain's shoppers visit one at least every week, and their most frequently mentioned purchases are toiletries, cosmetics and food. *Mintel Publications Ltd, KAE House, 7 Arundel Street, London WC2R 3DR.*

## New Sunday trade group

**A group of stores have formed the Voluntary Groups' Association, to push for a relaxation of the Sunday Trading laws.**

The Association — which involves symbol groups and multiple convenience stores such as Spar, Circle K and One Stop — says it hopes not only to represent convenience stores but any local shop that wants to open on a Sunday, according to a report in *Convenience Store*.

Graylands & Co Ltd, wholesalers, have gone into receivership. A creditors' meeting was about to take place as *C&D* went to Press.

**Tosara Products (UK) Ltd** are now based at PO Box 5, Picton Road, Liverpool L15 4NS.

# No more contact for lens products

**Two manufacturers of contact lens solutions — Sauflon Pharmaceuticals and Bausch and Lomb — have stopped supplying pharmacies with their products.**

Sauflon's sales and marketing director, Peter Pannell, told *C&D* that the decision was taken because the contact lens solution business has been moving away from opticians to pharmacies at an "amazing" rate, so that control of the patient had been moving away from the person who had prescribed the lenses.

The company felt that opticians were better qualified than pharmacists to look after their patients' eyes. It was "not rare" for patients to go into pharmacies asking for a product recommended by the optician, only to be offered an unsuitable alternative if the pharmacy was out of stock. He quoted instances of hard lens care products being sold for soft lenses and cleaning solutions given when soaking solutions were needed.

Mr Pannell added that in restricting supplies to optical outlets, Sauflon had taken care to make sure they were not violating any trading laws.

The NPA Board is to consider the matter next Tuesday, but the association's initial reaction was that the manufacturers' admission that most lens users preferred to go to the pharmacist for solutions carried its own message.

## Kodak do snappy business

**Kodak are claiming record sales in the UK after the company's overhaul last year.**

Sales within the country reached £305m — nine per cent more than in 1985 — and exports totalled £357m, an increase of 13 per cent. Eastman Kodak, the worldwide group, set about reorganising the company after disappointing results in 1985 (see *C&D* last week).

Kodak Ltd, the British arm, are reporting a £46m profit after tax and extra items — which include £17.2m in redundancy and reorganisation costs — showing a jump of 35 per cent.

The boost in home sales was mainly due to growth in copy products and new launches, say Kodak. Growth in 135 film sales was offset by the discontinuing of Instant products, after Polaroid won a patents dispute in the US courts.





## Development risks defence stays, despite new attack

Another attempt to deprive the UK drugs industry of the "development risks defence", provided by the Consumer Protection Bill, was defeated in the House of Lords on Monday.

Lord Allen of Abbeydale (Independent), who led the attempt, again underlined fears that the development risks defence might result in another thalidomide disaster.

He was supported by Lord Williams of Elvel, from the Labour front bench.

Lord Porritt (Independent), a non-executive director of a pharmaceutical company, warned that to amend the Bill in the way advocated by Lord Allen and Lord Williams would be "illogical, unfair,

highly discriminating and very much against the benefit of the Community".

This view was strongly endorsed by Lord Lucas of Chilworth, under secretary for Trade and Industry. He stressed: "It is just for this sort of industry, which operates at the limits of scientific knowledge for the benefit of all, that the development risks defence is so important". The amendment fell by 110 votes to 95.

■ Lord Northfield (Labour) is to seek to revise his Private Member's Bill, designed to help the drugs industry by repealing the Licences of Right provisions of the Patent Act. The committee stage of the measure, brought to a halt when supporters of the Bill were unable to maintain a quorum, will be resumed on March 19.

## COMING EVENTS

### AHDA courses go into business

The Animal Health Distributors Association, with sponsorship from MSD Agvet, is to provide a series of business courses at the Bradford Management Centre.

The fully residential course will be focussing on financial management, and will include inventory management and the principles of marketing. The first will start on Friday evening, May 29, and close late afternoon on Sunday, May 31. The cost per delegate is £150.

Further details and application form from Miss V. A. Gould, MSD Agvet, Hertford Road, Hoddesdon, Herts

### IPG meeting

The Pharmaceutical Society Industrial Pharmacists' Group will meet on March 19 at 10.30am at PSGB headquarters, 1, Lambeth High Street, London SE1 7JN.

The theme is "Problems associated with medicines intended for paediatric and geriatric use." The registration fee, which includes coffee, lunch, and tea, is £20 for members and pre-registration students, and £40 for non-members. Details from Mr R.E. Marshall, on 01-735 9141.

#### Monday, March 16

**Hull Pharmacists' Association**, joint meeting with local section of the Royal Society of Chemistry, 7.45pm, post-graduate centre, Hull Royal Infirmary. Dr P. H. Redfern, Bath University, "Humour and invective in science".

**Plymouth and District Branch, Pharmaceutical Society**, 8pm, Board Room, Derriford Hospital, Plymouth. "Asthma and Home Nebulisers".

#### Wednesday, March 18

**Barking and Havering Branch, Pharmaceutical Society**, 7.30pm, Academic Centre, Oldchurch Hospital, Romford. Dr Cronin, consultant psychiatrist, on treatment of anxiety and depression. **East Kent Branch, Pharmaceutical Society**, 8pm, post-graduate medical centre, Kent & Canterbury Hospital, Canterbury. Regional continuing education lectures on skin diseases and their treatment.

**West Metropolitan Branch, Pharmaceutical Society**, joint with NPA, 6.45pm, District Personnel Board Room, St Mary's Hospital, Acrow Building, 7 South Wharf Road, London, on "Allergy".

#### Thursday, March 19

**Ayrshire Branch, Pharmaceutical Society**, 8pm, Piersland House Hotel, Troon, "Keeping the mess out of the message".

**Bedfordshire Branch, Pharmaceutical Society**, 8pm, Bird-in-Hand, Henlow Camp Crossroads, Mr W. A. Jackson, on "Pharmaceutical and medical antiques and by-gones".

**Dundee & East Scottish Branch**, 7.30pm, Ninewells Medical School, "The food we eat and the things we swallow with it".

**Weald of Kent Branch, Pharmaceutical Society**, 7.30pm, post-graduate centre, Kent & Sussex Hospital, Tunbridge Wells. Post-graduate lecture by Mrs Doreen Etheridge, district health education officer, "The pharmacist and health education".

**Carlisle Branch, National Pharmaceutical Association**, joint meeting with East Cumberland Branch, Pharmaceutical Society, 7.30pm, at the Education Centre, Cumberland Infirmary, Carlisle. NPA director Tim Astill, "Towards the 90s".

**Mid-Glamorgan Branch, National Pharmaceutical Association**, 8pm, annual meeting, The Duffryn Ffrwd Hotel, The Old Caerphilly Road, Nantgarw, Mid-Glamorgan.

The stock market raced ahead to reach new highs in February, helping British Airways to a smooth takeoff. Rising share prices prompted a new round of bid activity, with Woolworth approaching Underwoods, the London based chain of high street chemists, and RHM launching a full scale offer for Avana, a Welsh food manufacturers.

Renewed interest in the commercial implications of AIDS, especially in Japan, led to a huge increase in Wellcome's share price, which has more than trebled since the company was floated on the stock market in February — on St Valentine's Day last year.

Earlier this month the company's AIDS drug, Retrovir, was given Government approval for sale later this year. Though good news for most investors, the strong performance of Wellcome's share price is somewhat frustrating for Wellcome Trust, the research body which is the company's largest shareholder. The Trust admits it has been tempted to sell further shares at current prices, in case the shares fall back, but under the terms of the flotation, it is not allowed to sell any more shares for another year.

While Wellcome's share price has been reaching new highs regularly, shares in CIN Pharmaceuticals, an American company which also has an AIDS drug under development, have been seesawing wildly in New York where they are currently traded.

As a result of this volatility, and so that the company is not seen to be cashing in the AIDS scare, CIN postponed their plans to join the London stock market last month.

Two other drug companies were in the news, with Glaxo's shares demonstrating their return to favour after a dull period and Fisons producing another set of excellent results. Profits rose by £13m to £85m and prospects for this year have been boosted by the launch of a new asthma drug, Tilade.

Meanwhile, the Guinness saga continued to bubble under the surface. The drinks company has yet to find out who received a sum of £5.2m which was paid to a nominee company called Marketing & Acquisitions Consultants.

When the scandal first broke in December, it was thought that it would depress investors and deter bidders. But last month's events proved the City's resilience.



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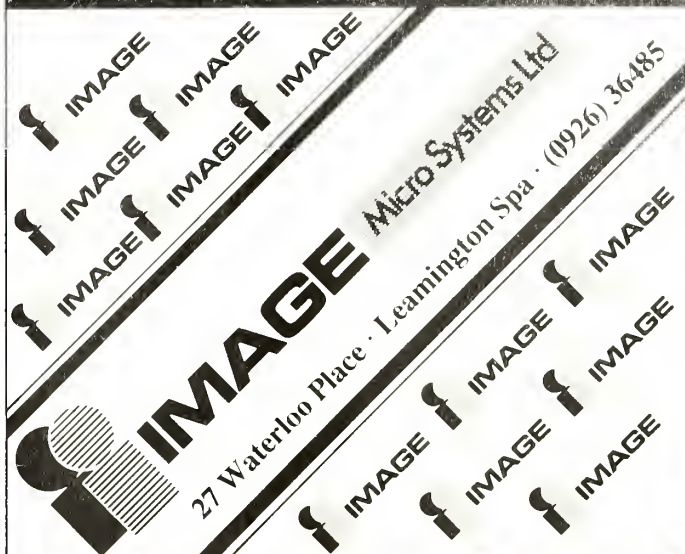
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## No Butter on PSGB Council

Mr John Butter has resigned from the Pharmaceutical Society's Council, making it necessary to co-opt another member to fill the vacancy.

Mr Butter, a former Boots employee who had moved overseas, was elected in 1985 and was due to retire next year. Following a decision made at the 1983 branch representatives meeting, when a vacancy occurs the candidate placed eighth in the most recent Council election must be invited to fill the gap.

At this month's meeting Council heard that the candidate placed eighth in 1986 did not wish to be co-opted, leaving Council free to co-opt any pharmacist. The matter will be put to the July meeting.

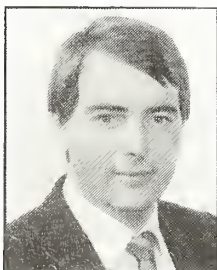
## New PGC vice-chairman

The Pharmaceutical General Council has elected one of its youngest ever vice-chairmen. 32 year old Graeme Millar of Edinburgh. Already a successful contractor, he believes pharmacies are the shop window of the profession and is dedicated to improving standards.

"With the security afforded by contract limitation, contractors must re-invest in their businesses to improve standards. We want open plan dispensaries and an end to the back shop image of the pharmacist," he says.

Mr Millar, whose wife Fay is also a working pharmacist, has just given up his seat on the Lothian Health Board in order to concentrate on his new post of vice-chairman and as sitting member of the Scottish Executive of the Pharmaceutical Society.

He has sporting interests — he played rugby for Boroughmuir and Heriot-Watt University and was captain of the University's white water slalom team. He now confines his outdoor activities to golf.



Pharmacist Susan Cunningham wins a Mini Mayfair car in a recent competition run by Vestric and Elida Gibbs. Ms Cunningham, of Eton Wick, Windsor, is pictured receiving the keys from Vestric's Reading branch manager Neil Dainty, while Elida Gibbs' national accounts manager looks on

## Argent takes on Society coffers

The appropriately-named new finance director of the Pharmaceutical Society, Denis Argent, was previously involved in all aspects of finance and administration of the Imperial Cancer Research Fund.

He has been chief accountant for the past 10 years and also acted as deputy to the finance secretary. A Fellow of the Chartered Association of Certified Accountants and Fellow of the British Institute of Management, he is also secretary of Harrow Rugby Club and a member of the MCC.

His Pharmaceutical Society appointment started officially on March 2 but he will not be in post permanently until March 17. He takes over from Robin Hill.

## DEATHS

**Ernest Kerr**, on March 3 aged 77, after a short illness. *Mr John Reynolds, Arthur Lunn Ltd, London W9, writes:* "After the War, in which he saw distinguished service in the Burma campaign, Ernest Kerr became a representative for John Bell, Hills & Lucas. When this firm was taken over he moved to Kirby Pharmaceuticals. Latterly he was with Global Pharmaceuticals of South London.

I had known Ernest Kerr for 40 years and he was the perfect representative, always cool, calm and courteous, and always helpful. His many friends will miss him greatly and I am sure they will echo my condolences to his widow and family."

## Vetchem's new chairman

Mr Michael Reynolds, MPS, is the new chairman of the veterinary pharmacists distribution group Vetchem.

Mr Reynolds, from Highcliffe, Dorset, expressed hope for the further progress of the group with help from manufacturers in distributing literature packs to potential pharmacist customers. The organisation's current brochure has been printed in association with Hoechst Animal Health.

**Kanebo Cosmetics (UK):** Roger Newman becomes national sales director.

**Scott Ltd:** Alan Cavers, previously national accounts controller, is promoted to general sales manager.

**Duphar Laboratories Ltd:** Dr Susan Parker has joined the medical relations department.

**Unichem:** Ian Robb-Elliott has been appointed area representative for Lancashire and South Cumbria. He joins from Beechams Foods.

**Reckitt & Colman plc:** John St Lawrence will become chief executive of the group in May 1988. He will succeed John West who reaches retirement age next year.

**Nina Ricci Parfums:** Three new sales managers are appointed — Andrew Turvey for London, Adrian Evans for the Midlands, and Alistair Smith for Scotland.

**Windsor Pharmaceuticals Ltd:** Anthony K.S. Bush becomes director of consumer products. Mr Bush has been until recently marketing controller, Smith & Nephew, toiletries division.

**Savory & Moore:** David Horbury, MPS, has been appointed to the board as marketing and merchandise director. He will be responsible for Savory & Moore's merchandise ranges, pricing policy and display standards. He previously worked on the in-store pharmacy operations of Safeway.

**Warner Lambert Health Care:** On the hair care team Linda Miller is promoted to senior product manager, and Phil Wade joins as product manager. In the self-medication division, Caroline Horrill is promoted to senior product manager and Mark Johnson is appointed product manager.

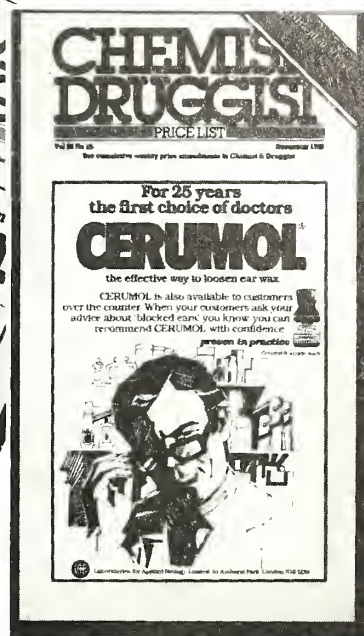
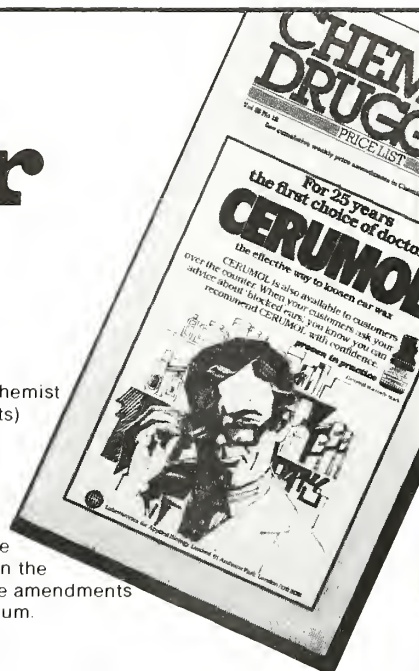


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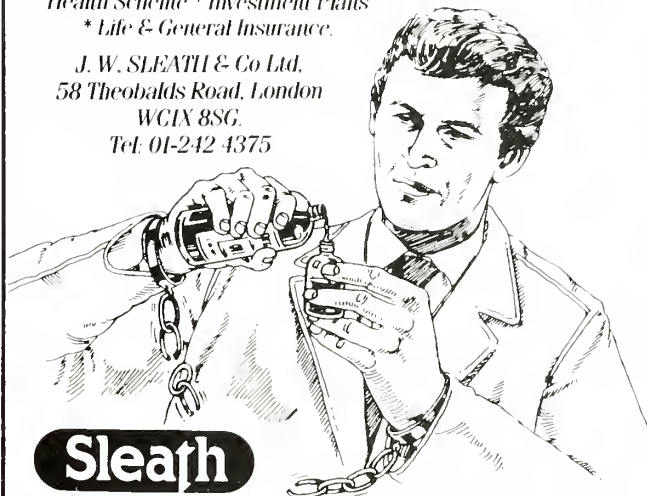
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